The Impact of Psycholosical Intervention on Health Care Utilization and Costs: The Hawaii Medicaid Project

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The Impact of Psychological Intervention on **Health Care Costs** and **Utilization**:

The Hawaii Medicaid Project

Abstract

This project assessed whether targeted, focused mental health treatment (TFMHT) provided by a specifically-trained set of providers would reduce net health care costs in Hawaii's Medicaid population. A total of 90,950 Medicaid eligibles were randomly assigned, two-thirds to the experimental group.

Major findings were:

- 1. Although 13% of the experimental group received some mental health services during the demonstration, less than 3% of these received TFMHT, and only 1% received TFMHT exclusively.
- 3. Mental health services in general significantly reduced medical costs, and the longer the duration of Medicaid eligibility, the greater the reduction in medical costs.
- 3. TFMHT, alone or in combination with other mental health services, produced a significantly greater reduction in medical costs than non-TFMHT mental health services.
- 4. Although the costs of outreach were not calculated in the assessment of **cost**-effectiveness, when Medicaid's cost for mental health visits was considered, the exclusive use of TFMHT was significantly more cost-effective than the exclusive use of other mental health services. The use of TFMHT in combination with other mental health services was not cost-effective, due to heavy utilization of other mental health services among this group.

The Impact of Psychological Intervention on Health Care Costs and Utilization:

The Hawaii Medicaid Project

HCFA Cooperative Agreement No. 11-C-98344/9

EXECUTIVE SUMMARY

This project assessed whether a brief therapy model of managed care, "targeted, focused mental health treatment" (TFMHT) would reduce net medical care costs in a Medicaid population in the State of Hawaii. The research literature suggests that medical care utilization may be reduced following mental health treatment for employed populations in HMO and fee-for-service delivery system. The reduction in medical costs has often been large enough to offset the cost of providing mental health treatment. This demonstration investigated whether mental health services typically available to a Medicaid population also reduced later medical care costs, and whether there would be such an effect for the experimental intervention, TFMHT.

Between 1983 and 1987, two-thirds of a total of 90,950 Medicaid eligibles were randomly assigned to the experimental group and one-third to the control group. Beginning in April 1984, the experimental group were notified that they cold also receive services from Biodyne (TFMHT) without limiting access to normally available mental health services under Medicaid. The remaining one-third in the control group were not eligible and did not receive this notification.

Participating clinical staff received 130 hours of training in providing managed TFMHT services. The Health Care Financing Administration (HCFA) approved waivers for the State of Hawaii that authorized direct access to TFMHT mental health providers without requirement of physician referral for the project.

At least 8% of the Medicaid population were users of mental health services prior to the demonstration period, a relatively high rate compared to other States. Beginning in June 1984, high utilizers of medical services (defined as the upper 15%, and later as the upper 20%) received a series of outreach mailings. Beginning in 1985, additional outreach efforts were undertaken for all those in the experimental group, including: phone calls, brochures, newsletters, and home visits to a geographically concentrated subset of the Medicaid population.

The major findings were:

1. During the demonstration period, approximately 13% of the experimental group and 12% of the control group received some mental health services. In the experimental group, 11% (6,539) received some mental health services only from other mental health providers and no TFMHT services; 1% (680 people) received both TFMHT and other mental health services; and 1% (749 people) received TFMHT services only.

- 2. For analytical purposes, data were aggregated in terms of the client's duration of continuous Medicaid eligibility pre and post the intervention period: 6, 12, 18, and 24 months. For those who used TFMHT or other mental health services exclusively, the intervention period was defined as a **6-month** period beginning with the month in which any mental health service was initiated. For those who used both TFMHT and other mental health services, the intervention period was defined as a **6-month** period beginning with the month in which TFMHT services were initiated. The numbers involved ranged from 54,595 eligible for Medicaid for at least 6 months pre and post the intervention period to 13,902 eligible for at least 24 months pre and post the intervention period. Outcome was measured in terms of the average pre-post change in Medicaid medical costs; costs of mental health visits in the pre and post periods were excluded.
 - o In all four durational periods, in both the experimental and control groups, there was a pre-post increase in costs for those who did not use any mental health services. In contrast, those who used mental health services had either decreases in medical costs or a lower increase than non-users, and the difference between mental health utilizers and non-utilizers was statistically reliable in each durational cohort.
 - o In general, the longer the period of Medicaid eligibility, the greater the pre-post decrease in medical costs, and the greater the difference between utilizers and **non**-utilizers of mental health services in pre-post medical cost change.
- 3. Within each of the durational cohorts, the experimental group was disaggregated by mental health service utilization: TFMHT-only; TFMHT in combination with other mental health services; other mental health services only; or no mental health service. In the control group, these categories were: other mental health services only or no mental health service.
 - o In all four durational cohorts, TFMHT alone or in combination with other mental health services resulted in a statistically reliable pre-post decrease in medical costs. In contrast, the use of other mental health services alone did not consistently result in decreased medical costs. The differences between the TFMHT groups and the groups using only other mental health services were statistically reliable for the 6-, 12- and 24-month durational cohorts.
 - o TFMHT alone or in combination with other mental health services was even more effective for certain subgroups than for the Medicaid population as a whole, in terms of reducing medical costs. These groups included: high utilizers of medical services; long-term Medicaid recipients; females; and persons with certain chronic medical diagnoses. i.e., airway/respiratory disorders, diabetes, hypertension, and ischemic heart disease.

- 4. The cost-effectiveness of mental health services was assessed by subtracting the cost of mental health visits in the intervention and post-intervention periods from the pre-post difference in medical costs. Medicaid paid an average of \$48 per mental health visit. Costs associated with the experimental outreach efforts were not included in the assessment of cost-effectiveness.
 - O Mental health services were not cost-effective for any durational cohort when TFMHT was used in combination with other mental health services, primarily because of the heavy utilization of other mental health services. Those who were Medicaid-eligible 6 months pre and post used an average of 9 TFMHT visits and 12 other mental health visits (in the intervention and post-intervention periods combined). Comparable figures for the other durations were: for the 12-month cohort, 10 TFMHT visits and 18 other; for the l&month cohort, 9 TFMHT visits and 19 other; and for the 24-month cohort, 10 TFMHT visits and 21 other.
 - o For both the experimental and control groups, the use of other mental health services exclusively was cost-effective only for those who were Medicaid-eligible 24 months pre and post the intervention.
 - o In each duration of Medicaid eligibility, those who used TFMHT exclusively used fewer mental health visits in the intervention and post-intervention periods than those who used other mental health services exclusively. In the **6-month** cohort, TFMHT-only users had 4 visits in contrast to the 9-10 visits of those who used only other mental health services (9 visits in the experimental group, 10 visits in the control group). In the **12-month** cohort, comparable figures were **4** TFMHT visits in contrast to 11-12 other mental health visits; in the l&month cohort, 4 TFMHT visits in contrast to 11-13 other mental health visits; in the 24-month cohort, 4 TFMHT visits in contrast to **10-13** other mental health visits.
 - o The use of TFMHT exclusively was cost-effective for users in every duration of Medicaid eligibility except for those who were Medicaid-eligible only 6 months pre and post the intervention. For those who were Medicaid-eligible 12 months pre and post the intervention, 226% of TFMHT costs were recovered; for B-month eligibles, the figure was 366%; and for 24-month eligibles, 902% of TFMHT costs were recovered.

The Impact of Psychological Intervention on Health Care Costs and

Utilization: The Hawaii Medicaid Project

Contract No. 11 -C-98344/9

Chapter 1.

Outpatient Mental Health Treatment and Change in Medical Costs:

A Brief Review

The Kaiser-Permanente studies (Follette & Cummings, 1967; Cummings & Follette, 1968; Cummings & Follette, 1976) sparked broad professional and policy interest in the relationship between mental health treatment (MHT) and medical services cost reduction. Compared to a matched control group, the authors found that MHT patients with one to eight MHT visits showed declines in medical utilization in the year following MHT, and that these declines were maintained for five years.

Patients with longer-term MHT (9 or more visits with an average of 34 visits) also declined in hospital days from about three times the plan average down to the plan average for hospital days. Longer-term MHT patients supplanted physician office visits with MHT visits, however.

In general, patients who eventually initiated MHT had higher histories of medical services utilization and cost than patients who never sought MHT.

The review by Jones & Vischi (1979) illustrated that the effect of mental health services on reducing medical utilization and costs had been widely replicated in a variety of settings. Although for the most part comprised of correlational and case study procedures, 21 of 22 studies reviewed, showed declines in medical utilization with average reductions of 46% following treatment for alcohol and about 26% for mental health treatment.

Regarding the effect of MHT in terms of psychotherapy, Smith & Glass (1977) conducted a meta-analysis of some 375 psychotherapy outcome studies. They concluded that the average treated client was better off than 80-83% of untreated clients. Their review confirmed that psychotherapy was a constructive treatment strategy for mental and emotional distress.

The Mumford, Schlesinger & Glass (1982) review of 34 controlled studies found that surgical and coronary patients who were provided with information and emotional stupport designed to help master the medical crisis, did better than patients receiving only ordinary care. In 13 of the studies, psychologically based interventions reduced hospitalization by two days compared to control groups. Oevine & Cook found reductions in hospital stays of 1.25 days.

Mumford, Schlesinger, et al,. (1984) updated their previous review and found

that 85% of all studies covered reported a decrease in medical utilization following MHT. In their analysis of federal employee data, patients receiving mental health treatment had lower inpatient medical charges in subsequent years. Patients over 55 years of age had the largest decline in hospital charges.

MHT and Specific Medical Conditions:

Gruen (1975) found that first time heart attack patients who were randomly assigned to brief psychotherapy showed a reduction in the number of days in intensive care. The investigators also found a reduction in congestive heart failures as well as decline in depression.

Schlesinger et al. (1983) reported positive effects of outpatient MHT following the onset of chronic medical diagnoses (CMD) such as diabetes, ischemic heart disease, hypertension, and airway/repiratory problems. The decline in medical costs was apparent within six months after the year in which MHT began and was statistically reliable after three years.

Other Settinos:

The rehabilitation Services Administration issued a series of reports indicating the positive outcomes due to rehabilitation. The Study No. 23 of US Department of Health, Education, and Welfare provided a profile of mentally ill persons rehabilitated in FY 69. Mental illness was the single most prevalent disabling condition. At acceptance into the program, 84% had no earnings while at closure the percent had dropped to 14%. The case cost a closure was exceeded by increased income in 11 weeks. Average weekly income earned while on rehabilitation had increased from \$11.47 to \$69.41. Reiss (1967) found that psychotherapy patients showed an increase of \$29 per week (from \$83 to \$112) over the course of treatment.

Medi cai d:

Since Medicaid programs only have psychological or MHT services under physician referral or prescription (with expense caps for non-MD services), the potential for examining the effect of psychological interventions on Medicaid costs has been negligible (cf. Steele, Fish & Fiedler, 1986). Steele, Fish & Fiedler (1986) found modest effects in a Georgia Medicaid population and in a Michigan Medicaid population. The effect seemed to vary in terms of several differences in the characteristics of the two populations. We refer the reader to the much fuller presentation in the contract report or a briefer version by Fiedler & Wight (1989).

The Relationship Between MHT and Medical Costs: Under What Conditions?

The reason for the impact of mental health treatment on medical costs seems straightforward.

In the Kaiser studies, 60% of all physician office visits were for patients who did not have a confirmable physical or biological problem. Thus in our health system, contact with a physician may have been a first step in seeking help for non-medically based problems.

Patients may also somaticize their emotional distress and present to the physician with physical symptoms and problems in an attempt to find relief. Once entered in the cycle, symptomology may continue to evolve since the original underlying emotional problem remains despite the physcian's best efforts to treat the symptomology.

Mental health treatment may forstall the evolution of symptomology by shifting the patient into treatment that is more appropriate to the patient's underlying emotional problem. As a result, medical services utilization declines in terms of physician office visits, diagnostic procedures, drug prescriptions and hospital days.

There are also patients for whom the physicial or medical illness is confirmable. For these patients emotional distress may exacerbate the illness and thereby exacerbate the symptomology, lengthen duration of the episode and thereby complicate the medical condition., Similarly the medical illness per se may complicate or trigger emotional distress that contributes to further. exacerbation of the medical condition.

A third category involves patients who may experience no physical or medical symptomology but for whom medical evaluation establishes the existence of illness, e.g., hypertension. Mechanic (1966) noted that these three categories of patients together suggest that 95% of all'medical-surgical patients could benefit from psychologically based interventions and-lead to reduction in medical. services utilization as a result.

Pallak (1989) argued that several factors may influence the relationship between outpatient MHT and reduction in medical costs:

<u>Patient Variables.</u> The first set are patient variables related to medical services utilization. Eventual MHT patients frequently have much higher medical cost histories than non-MHT patients. For example, Schlesinger, Mumford, et al. (1983) as well as Holder. & Blose (1987) noted that MHT patients had higher cost histories and a steadily increasing cost history in the 12 months before initiating MHT. Thus patients with various chronic medical conditions may develop a cycle of increasing medical services utilization. Patients who somaticize their distress may form a substantial component of the upper end of the distribution of medical costs. As a result earlier MHT intervention in the cycle-would result in medical cost savings sooner. As medical utilization increases to higher levels, intervention would be more likely to produce declines.

<u>Provider Variables.</u> Provider orientations vary among the mental health and medical professions since practitioners are socialized with differing views concerning therapy and MHT. The acute care, hospital-orientation within the medical system (cf. Klerman, 1985) may ensure a preference for, and increased likelihood of, inpatient treatment as well as for medical or

biological interventions, e.g., psychoactive drugs, in treatment relative to other providers. Several studies (cf. Kiesler & Sibulking, 1987) note that the preponderance of the variation in decisions to hospitalize under a mental diagnosis may be determined by the exogeneous variable of whether an inpatient facility is present rather than by endogneous variables related to the patient's clinical condition. The net result is higher levels of inpatient utilization associated with emotional distress. The likelihood of finding reductions in medical costs associated with outpatient MHT alternatives is thereby increased. In general higher levels of medical services utilization may include larger proportions of emotional distress and or somatocization.

Clinical orientations among mental health treatment providers also vary. Interventions by practitioners with a predominant long-term psychotherapy view (below) may be less likely to be associated with reductions in medical costs as the cost of MHT increases to a level equal to or greater than the reduction in costs (cf. Fiedler & Wight, 1989). Thus reduction in medical costs may not be evident except over much longer periods of time, especially if MHT costs are aggregated together with medical costs.

Benefit Structure. The structure and limits of the mental health "benefit" in an insurance plan may influence the likelihood of medical cost reductions. Kielser & Sibulkin (1987) noted rapid increases nationally in hospitaliation for mental disorder particularly in general hospitals without psychiatric units (and in one study reported this was particularly true for Medicare and Medicaid recipients).

At the same time, Kiesler (Kiesler & Sibulkin, 1987) reviewed a set of experimental studies that compared inpatient hospital MHT with some form of alternative, outpatient MHT. Outpatient treatment was as effective and more effective in a large percentage of the studies as inpatient treatment and, obviously, at much lower cost.

However, most health care financing insurance plans, including Medicaid, restrict the availability of outpatient MHT. Outpatient MHT may be provided only under physician prescription, as in Medicaid (with limitations on non-physician reimbursements), while high deductible and co-payment requirements along with limitations on visits may place barriers to needed outpatient MHT. As a result the patient or family in need, and the provider involved may be forced, de facto, into an implicit collusion to hospitalize in order for MHT to be provided. Aggressive and adequate outpatient treatment, if available as a treatment alternative under the plan configuration, would reduce inpatient medical services utilization unnecessary for the patient's condition, resulting in reduction in medical costs.

While each of these dimensions are often confounded or blended in treatment situations, the common elements determining medical cost reduction involve relatively high levels of medical utilization, with or without a biological basis and the type of MHT available and employed in the MHT intervention.

Chapter 2.

Targeted, Focused, Mental Health Treatment: Matching Patients to Appropriate

Levels of Mental Health Treatment

This chapter outlines the principles of Targeted, Focused, Mental Health Treatment (TFMHT). We refer the reader also to a fuller exposition Cummings (1991a and 1991b).

The TFMHT model evolved empirically in response to a need for brief therapy interventions that were effective in dealing with clinical problems and that could be financed as a free benefit for health insurance enrollees. Cummings (1991b) has argued that specific assumptions (often implicit as well as explicit) in more traditional psychotherapy models may involve more barriers to rapid psychological change than facilitating elements. Cummings (1991b) has argued that these assumptions may be interpreted as:

- 1. "There is "right" or "best" model of psychotherapy." Often theory techniques and methods from different models have not been integrated since proponents of various orientations are more concernced with proving which therapy is "right" rather than with an integration of "which" works best under "what" conditions.
- 2. "The "ideal therapist" exists and can do all things for all patients." Experience shows that some therapists do very well with some types of difficult patients (addicts, borderlines, schizophrenics, etc.) while others do not.
- 3. "Patients should conform to the therapy rather than the therapy conform to the patient." Many therapies may employ one method of treatment regardless of the nature of the patient's problem. Each patient thus receives the type or form of therapy that the therapist has to offer or is most comfortable in providing.
- 4. "Psychotherapy "cures" mental health problems." The concept of "cure" is based on a medical model of diagnosis, treatment, and completion or ending of the "disease" or biological problem. Therapists may keep patients in treatment longer than the presenting problem may require because of the assumption that the patient and the therapist may only get "one chance." Thus patients may remain in treatment until, seemingly, each recess of the personality has been analyzed for conflict.
- 5. 'Termination is a difficult and painful process." Often a major problem for the therapist based on traditional models is the constant experience of separation anxiety and the continuing stress of encountering loss.

In contrast, brief therapy models and the TFMHT model in particular involve a different set of assumptions:

- 1. "The therapist's role is similar to that of the family doctor." In this view, psychotherapy consists of brief intermittent episodes that meet crises ocurring throughout the life cycle. The therapist provides continuity-seeing the therapist is analogous to seeing the family doctor because is takes place when "necessary." Necessity dictates the time when the patient is in therapy and the patient stops when sufficient treatment has occured to restore the patient's ability to cope and function.
- 2. "TFMHT is based on a developmental view." The therapist sees the patient atimportant junctures over the life span of development. Intermittent therapy is based on a developmental view of the life cycle coupled with an idea similar to Freud's repetition compulsion. Thus the first response to the first trauma in life becomes the prototype for later response to latertrauma. Therapeutic intervention during these crises-helps the individual to learn new and more effective methods of dealing with threats and transitions. The patient returns to treatment when necessary to accomodate the new and more effective coping style to a different life situation. However, each crisis that ensues after the initial therapy requires fewer additional sessions in that patients learn new processes of coping and are more quickly restored to health.
- 3. "The model uses targeted interventions and a blend of techniques as appropriate to the patient's condition." The therapy model that is the most efficient blends schools as needed, using the best offered by traditional models, and fits the most appropriate intervention to the patient's problem. The TFMHT model uses some 60 targeted therapies (Cummings, 1983) as specific techniques for specific problems. The treatment plan is tailored to the specific needs of each individual patient. The therapist does not waste time in making the patient fit the therapist's model because the therapist is freed from the concept of "ideal" therapist, "cure" and "termination."
- 4. "The model replaces the emphasis on "cure" and termination." The concept of cure and termination are not the implicit or explicit goals. Rather patients are viewed as facing crises at several junctures in their lives. Anxiety that is experienced at these points signals that coping mechanisms are not adequate for the situation faced by the patient. The patient returns to treatment as a "refresher" to develop new coping strategies.
- 5. "Therapy is interrupted rather than terminated." When given an option, about 85% of patients (Cummings, 1991b) choose brief therapy when therapists are trained in the model as a treatment alternative. Patients enter the model, use it, and return as the need arises. Patients spend less time in therapy overall than in traditional therapy while the patient returns as needed during the crucial phases in the life cycle. About 80% of patients

complete the episode of treatment in about 6-10 sessions on average.

6. "The patient has an inalienable right to relief from pain, anxiety and depression in the shortest time possible and with the least intrusive intervention." Treatment performed on an intensive outpatient basis rather than on an (automatic) inpatient basis is preferable. The patient and family are spared the dislocation, regression and potential stigma associated with inpatient hospitalization.

Patients who need and can benefit from inpatient hospitalization are hospitalized. Many mental health and policy professionals often fail to recognize that mental hospitalization is not a benign event. For example, there are patients who will be treated throughout the life cycle that will have episodes of acute psychosis. Often (as the literature suggests, cf. Kiesler & Sibulkin, 1987), it is easier and more convenient to hospitalize these patients. In the model, however, patients are seen intensively on an outpatient basis, even two or three times a day, in order to avert hospitalization (and ensuing consequences) successfully.

Chapter 3.

Project Implementation and Initiation

<u>Overview:</u> This chapter reviews the steps and problems in implementing the project, an overall summary of the demographic characteristics of Medicaid recipients available to the project, and a description of the major research hypotheses and research design. The section is organized as:

- 1. Key prerequisites for the project.
- 2. Prior assessment and research concerning potential project sites and selection of Oahu, Hawaii.
- 3. Community relations and contacts.
- 4. Clinical personnel and recruitment.
- 5. Project Space.
- 6. Clinical training and initiation of clinical services.
- 7. Outreach efforts and changes in outreach efforts to high utilizers:
- 8. Emergent problems faced by the project.
- 9. Oahu Medicaid demographic summary by year for frequency, age, gender, assistance category, ethnicity, medical utilization level, and medical diagnoses.
- 10. The research population.
- 11. Demographic summary for TFMHT patients.
- 12. Clinical diagnosis and procedures summary for TFMHT patients.
- 13. The research advisory committee.
- 14. Staff and project organization.
- 15. The research design, analytic strategy and hypotheses.

1. Key Prerequisites for the Project:

There were several key prerequisites for the project:

First, access to a sophisticated claims paid data base for a Medicaid population for multiple years was necessary in order to track medical utilization by enrollees over time.

Second, key legislative committees needed to be willing to agree to the project since services were involved to people who were a State responsibility and since the Federal-State funding match for Medicaid recipients would be a budget item for three service years.

Third, the Department of Social Services, and Housing (the State agency that administered the Medicaid program in Hawaii) had to agree to the project since the agency would be the applicant for funds, would have to sub-contract for project mental health services on a sole source basis, and would have to add the clinical service match costs to their budget.

Fourth, the only feasible federal grantor (Health Care Financing Administration) would have to commit a significant proportion of the research and demonstration budget (in a climate of declining federal research funding) because of the duration and scope of the project.

Fifth, the agency would have to grant several waivers from Medicaid regulations since the research population would be limited to the island of Oahu (Honolulu county, and hence not a State-wide intervention), the project and services would be directly provided by psychologists without physician referral or prescription and bio-feedback procedures would also be employed as needed.

2. Prior Assessment and Site Selection for the Project:

The investigators had sought to conduct a study of psychological intervention with a Medicaid population in California over a five year period (1975-1980). Although three successive Medicaid administrators had provided written approval and support for a study, the legislature and the Department of General Services decided to (a) contract out data processing, (b) change the fiscal intermediary, (c) change the beneficiary identification system, and (d) change the information retained in the data file. Since these changes did not include provision for research issues or needs, the investigators concluded that a prospective study would be impossible in California for the forseeable future.

The State of Hawaii, however, was desireable as a research site for several reasons:

The outpatient mental health benefit under Medicaid was generous (24 visits, with an additional 24 visits upon authorization).

The State of Hawaii was, at that time, the only State that mandated health insurance coverage for the employed population and dependents due to the Prepaid Healthcare Act of 1974. Coupled with the State's comprehensive Medicaid plan, coverage for the Hawaii population was near universal.

A Medicaid research population could be delimited geographically (Oahu). Since Oahu had excellent public transportation Medicaid recipients would have easy access to services.

The State had contracted with the same fiscal intermediary, Hawaii Medical Services Association (HMSA), since the beginning of the Medicaid plan thus ensuring continuity in the data base.

The Hawaii Medicaid plan had been stable with regard to benefits and mental health providers recognized (psychiatrists, psychologists under physician prescription and certain clinics). In 1983 there had been a 10% reduction in the non-institutional provider reimbursement formula that was later restored in 1985. Hospitals and long-term care facilities were placed on a prospective payment basis in 1985.

HMSA also served a majority of the employed population as well as a significant proportion of the Medicaid population and had a comprehensive claims paid information system. Through HMSA an employed comparison population was available residing in the same delimited geographic area.

Although these indicators were positive, direct onsite evaluation was necessary to determine whether the legislature, the State Medicaid agency, and the fiscal intermediary would be interested in the project. Direct onsite feasibility was assessed through a National Insitute of Mental Health (NIMH) Services Development Contract to the investigators (from 1/15/83 through 4/30/83).

The Contract Report noted that 74% of all Medicaid beneficiaries were on Oahu and used health care services about four times more than the employed population. The Medicaid population used mental health services about 5.5 times as much as those employed. Only psychiatrists and psychologists were recognized providers and were in about equal numbers. The legislature, the HMSA and the State Administration expressed interest and assured cooperation if research funding were obtained. In addition, the HMSA maintained detailed information on medical utilization and costs by procedure, provider, and patient. Medicaid recipients retained the same number for re-enrollment after departure and hence could be tracked over time.

From the perspective of the project, major parameters in the Hawaii Medicaid program had remained stable from 1981 through completion of clinical services in 1987.

Between 1980 and 1983, Hawaii Medicaid costs had increased 57%. DSSH was interested in the project because of the potential for cost containment for both medical services and welfare costs. Medicaid expenditures were \$171.6 million in 1984. In 1983 Medicaid represented 43% of welfare expenditures on

Oahu while financial assistance and food stamps accounted for 31% and 21% respectively. For FY 1983, DSSH reported public welfare expenditures on Oahu of \$268 million. Thus, a patient who left welfare assistance would translate into twice the savings due to termination of cash and cash equivalent support.

For fiscal year 1984/85, DSSH reported that the cost of "psychiatric" Medicaid benefits was \$11.47 million. However, \$7.76 million (or 67.7%) was for hospital inpatient or nursing home services. Although benefit coordination was a program requirement, outside insurance was negligible accounting for only .5% of the mental health benefit costs.

3. Community Relations:

In 1980 and 1981, while the application for this project was being developed, the investigators met with senior officials in the HMSA, the Department of Social Services and Housing (DSSH) as well with key members of the Hawaii legislature on both the Senate and House health committees. The principal investigators addressed the Hawaii Psychological Association on two occasions as well as the School of Public Health and the Department of Psychology at the University of Hawaii and the Hawaii Psychiatric Society regarding the project. Informal contact was established with key members of the community.

Following the notice of grant award, presentations were made to the Hawaii Psychological Association meeting in late 1983 as well to several subsequent meetings. Thus information about the project was well disseminated throughout the Hawaii professional community.

Some 300 members of the professional and agency community were invited to an open house in June, 1984, for the inauguration of full clinical services. More people attended than were invited, reflecting substantial local interest in the project.

In addition, a substantial schedule of meetings and presentations with agencies and community groups was maintained through the project, as well as volumes of mailings to prospective patients (see below).

The project was also described in the <u>Honolulu Advertiser</u>. In addition, on January 23, 1985, KGMB-TV's evening news program carried an in-depth report covering the project. The station had made extensive inquiries prior to the four minute segment which included two interviews with Medicaid patients. The first was with a psychotic "bag lady" who had been faced with involuntary hospitalization and became coherent, clean, responsive and able to relate to her family. The other was a young woman with an extensive record of physician visits due to chronic pain from a traffic accident who had learned to manage her condition and was again seeking employment.

4. Clinical Personnel:

Since the project was limited to Oahu and since the study population were Medicaid beneficiaries, clinical staff who were resident and ethnically mixed were desireable. Recruiting resident practitioners was also a strategy to increase local community acceptance of the project.

The project received a number of applications and 21 people were selected for interviews. Several who had expressed initial interest dropped out of consideration as the start-up became a reality. Several were essentially retirees from the mainland who were not willing to commit to at least a half-time position. Others were problematic due to narrow clinical experience or personal problems. Others could provide services only on a limited, personally convenient, basis and were not considered further.

Project staff were required to participate in an intensive clinical training experience on a two-thirds time basis from March through June, 1984. A total of eight accepted and signed formal contracts for the four month training period although one later discontinued for personal reasons and another was terminated three months laer. All clinical personnel were licensed doctorates and Oahu residents.

Selection of clinical personnel was also designed to acquire a group With diversified skills and experiences relevant to the Medicaid population. Each was a recognized member of the Oahu psychological community, with a history of working effectively with others or with public services in Hawaii. Due to the relatively short-term nature of the project period, clinical staff had to retain some tie to their own clinical practice and hence were hired on a half-time hasis.

In retrospect, despite the decision to recruit resident clinical staff, it is clear that the project never gained strong acceptance, cooperation, or involvement by local agencies or practitioners in providing referrals (see Outreach section below). The local psychiatric community remained for the most part hostile to the project. Although two of the Islands' most distinguished psychiatrists were consultants from the outset and two established psychiatrists were added for direct clinical intervention with medical problems, the animosity was only somewhat dissipated.

By July of 1984 a nurse was hired to oversee outreach services as well as a certified biofeedback technician. In the fall of 1985 three additional psychologists were added as replacements.

5. Space:

The clinical Center was located in the Ala Moana Pacific Center on Kapiolani Boulevard in Honolulu. Public transportation access was exceptional since the Ala Moana Center is a major hub for The Bus (60 cents from anywhere on the island) regularly used by residents. The Center was located next to the Ala Moana shopping center, affording ample parking space. In addition, a number

of corporations occupied space in the Pacific Center and thus Medicaid patients had anonymity when coming for treatment.

6. Clinical Trainino and Initiation of Intake:

Training for project personnel began in March, 1984. A training manual in Targeted, Focused, Mental Health Treatment (TFMHT) was developed by the principal investigator. The manual supported didactic instruction as a reference manual for clinical methods for specific presenting problems.

A letter notifiying Medicaid recipients in the Experimental group of the availability of the TFMHT benefit (see below) was sent on 4/23/84. While 203 persons were scheduled for May, 117 or 58% of these patients, failed to keep the appointment. Although 25 of these were rescheduled, only 12 kept the later re-appointment. "No show" problems continued throughout the project.

During May, 1984, 150 units of service were provided to 86 patients, well ahead of the planned July 1 project start date. These cases were also used as the basis for on site clinical training, supervision, and for full staff clinical case conferences. By July 20, 1984, 64 service days had been supplied with 3.03 new cases per day.

<u>Satellite Centers.</u> In the second project year a satellite center was opened in Waianae to facilitate reaching the Medicaid population and used as needed at about 1.5 days per week. A similar satellite was established in the Pearl City area.

<u>Site Visits.</u> The project attracted attention beyond Hawaii as a potential model for effective outpatient mental health service delivery. In January, 1984, the Chairperson of the Board of Blue Cross-Blue Shield of Connecticut and the President of BCBS of Arizona visited the project. In addition, an officer of Utah Medicaid and the Vice President for International Operation of Health Wise--sponsored by BCBS of Utah--also visited as well as a representative of the California Mental Health Reform Commission.

No-Shows. Overall, about 31% of, appointments were not kept. Overbooking to compensate was rarely feasible since it was difficult to predict who would fail to keep appointments.

Several steps were taken to reduce the no-show rate. Beginning in 1986, outreach efforts were intensified in terms of an expanded schedule of mailings and in terms of direct home visits to high users of health care. These efforts substantially increased new cases for the calendar quarter January-March, 1986, as Table 3.1 illustrates.

Clinical personnel also began calling to confirm appointments prior to a visit. Follow-up calls to no-shows, however, rarely resulted in a re-booking and this time consuming procedure was discontinued. The investigators underestimated both the difficulty of attracting Medicaid patients and their difficulty in keeping an appointment once made.

7. Project Outreach Efforts:

The project design called for direct phone contact by an outreach nurse to very high users (the upper 5%) of health care services whose claims records suggested the possibility of somaticization of emotional problems. The ICD-9-CM diagnoses considered as reflecting high potential for somaticization are summarized in Table 3.2.

From the resulting 1,746 records, 877 were selected to outreach via telephone in addition to routine announcement of benefit and subsequent mailings. About two-thirds of these Medicaid recipients did not have a phone.

The results of the telephone outreach efforts are summarized in Table 3.3. Although telephone outreach is an effective tool in other populations (e.g., Kaiser subscribers in northern California), only 3% of those identified actually responded in terms of receiving services. However, these represented 8.7% of those who had a phone and 12.89% of those contacted.

If we actually made contact with a beneficiary, there was a fair chance that they would come in for service. If they agreed to come there was an even chance of keeping their appointment. However, review of claims records to identify this sub-group as well as the steps to initiate contact were labor intensive and this approach was discontinued by the end of the first service year.

New Outreach Efforts. Since the response to the announcement of TFMHT as an added benefit was substantial, a new additional set of outreach efforts were developed:

First, a notice of the added benefit was sent to the Experimental group (below) in January, 1985, and was repeated in each subsequent January of the service years for those who remained on the Medicaid rolls. Every six months those new Medicaid eligible Experimental group recipients also received a notice of the added benefit.

Second, a follow-up letter was sent to the High Users of health care services (the upper 15% of the distribution of services utilization) and repeated every six months.

Third, specialized letters were developed and tailored to the several patient groups with various diagnoses, e.g., those with one or more of the four Chronic Medical Diagnoses (CMD) of airway/respiratory, ischemic heart disease, hypertension, diabetes, alcohol or drug abuse. As the newly eligible Medicaid recipients were added each half year, the numbers contacted increased. The volume of these mailings reached 50,633 in 1985 and increased to 173,063 in 1986 (see Table 3.4).

Fourth, major efforts to contact referral sources were undertaken. Primary care physicians, community agencies, and other "gatekeepers" were contacted to promote referral of High Users (often referred to as "thick chart" patients). These contacts are summarized in Table 3.5 and Table 3.6.

We also sought opportunities to present to DSSH Income Maintenance and Medical Assistance Unit staff at their monthly staff meetings. In general they were eager to hear about the project and presentations ranged from 30 to 90 minutes with a focus on aspects of the project and clinical services. Eligibility staff however, saw the project as tangential by and large.

Fifth, a systematic home visit outreach program was developed in December, 1985, and initiated in 1986. This effort was targeted to High Users clustered in various housing projects. The visit was conducted by the public health nurse accompanied by one of the TFMHT providers.

Sixth, an intensive outreach effort including home visits was targeted to a 5% random sample of those High Users in the Beginning Period Population (on the Medicaid rolls in the last half of 1983, or 83/2) who had not responded to previous outreach efforts and were still on Medicaid in November, 1986. These 121 recipients received an additional first class mailing and were visited (several times if no contact was made). A total of 96 were actually contacted (or 79%), and 52 (or 43%) were clinically significant. Although time consuming (the staff literally traveled around the island several times)', this approach produced a high contact ratio.

In Table 3.7 we summarize the number of new patients each month by outreach method from January, 1986, through April, 1987 when intake was closed. For the 1986 calendar year, a total of 725 new patients were seen. Of these 275, about 38%, resulted from mailings, 107 or about 15% resulted from referrals from other agencies or professionals, and 343 or about 47%, resulted from the home visit outreach efforts. The home outreach method accounted for almost 60% of new Medicaid cases in July-December, 1986.

The mailings to Medicaid recipients continued to generate new clients suggesting that it was a viable outreach method over the long haul. For example, the majority of the last quarter new clients had been receiving the mailings for some time if not from inception of the project.

For the first 194 patients receiving TFMHT services annual mean health services costs had been \$3,558 in contrast to \$1,057 for Oahu Medicaid enrollees. The outreach efforts had resulted in much higher utilizers of health care services than the general Medicaid population. We look at these comparisons in much greater detail below.

Outreach Efforts: Summary and Perspective

Summarizing the outreach effort helps to place it in perspective as a case acquisition method for this population. Over three years, a substantial mail outreach effort was sustained (see schedule of mailings). The bulk mailing permitted repeated coverage during the 1984-87 service period. The response to mailings at the end of the project was almost as good as the initial response_

Among high users of health care services only about 30% used mental health services other than TFMHT (below). Outreach efforts were critical to case

acqui si ti on.

What steps might be implemented by the State for an optimal level of high user patients for outpatient services?

1. The most critical step involves support and participation in terms of referrals by the state agency casework staff. Casework staff need orientation about those cases likely to benefit from psychological interventions, need to identify cases that meet these criteria for referral, and need to advise patients to make appointments. What might be the result in terms of new cases annually?

If we assume a Medicaid population of 50,000 (we recognize that the population is greater but this example represents about the same order of magnitude as that available to the project for randomization at any given time), then High Users, defined as the upper 15%, would number about 7,500. Based on our experience, about half of these (3,750) would be appropriate referrals for psychological interventions. Of these 3,750, about half (1,875) could be expected to make an appointment and about 40% of those (750) would actually keep the appointment. Although these 750 represent only 10% of the 7,500 High User cases, the case worker referral would be an efficient acquisition method -- one that would have substantial impact on case load.

2. The second step would be a routine schedule of outreach mailings to newly eligible Medicaid recipients, to the High User group above, and to specific diagnosis groups (as in the project, i.e., diabetes, airway/respiratory, ischemic heart disease, hypertension). Presumably other chronic medical conditions would merit outreach also.

Project mailings to the current period Medicaid experimental group of 33-31,000 during last half 1985 and 1986 resulted in 275 new cases in 1986. Extrapolating to our example of 50,000 we could expect 430 additional new cases.

3. Periodic review of cases where recipients have been high users for two years and/or of cases who haven't responded to past outreach could be identified for home visit outreach efforts. For example of the 7,500 High Users above, about two-thirds (about 5,000) would still be expected to be eligible after two years. Based on project experience about 50% or 2,500 would be suitable for psychological intervention. About half of these 2,500 or 1,250 would have already been seen at some point (as a result of Steps 1,2, above). Based on our home outreach experience about 40% of this residual, or about 500, would make an appointment and half would keep the appointment resulting in an additional 250 new patients.

If these steps were implemented, one might expect a total of 1,430 new patients annually in this example. These 1,430 patients represent about 19% of the targeted High Users (\underline{n} = 7,500), or about 38% of those High Users likely to benefit from the intervention (estimated at 50% of high users, see above), and about 2.36% of the overall population. This figure is about three times as great as the average annual rate achieved over the three years of clinical service in the project. The figure is about twice as great as that

of the 1986 service year when each of the outreach components had been developed and fully implemented. The major difference is the assumption in this exercise of the active involvement by agency caseworkers in providing referrals.

The project focused on High Users of health services and targeted them for the various outreach efforts. In one sense, these efforts were directed to people who were not necessarily inclined toward mental health services (only about 30% of these used mental health services, see below): In that sense we attracted some proportion of high medical services users who would not otherwise have used mental health treatment -- a major goal of the project.

In addition, a proportion of TFMHT patients in fact had used mental health services otherwise available under Medicaid (below). Thus we are able to assess the effect of TFMHT and other available mental health treatment (OMHT), as well as the effect of both, on medical utilization costs.

8. Emeroent Problems:

Budget Constraints. The initial project application was submitted past the deadline (due to the unexpected hospitalization of the relevant State official) and was therefore not reviewed until a year later. The project budget by the time of implementation, was thus based on the economy 2.5 years prior, but supplemental funding was not available. Originally the Prinicpal Investigator and the Co-Principal Investigator had committed to 40% time to the project to avoid "absentee" management. The earlier 33% reduction in the travel budget made this commitment impossible to meet and reduced both oversight and direction on a day-to-day basis.

OMB Waivered Project Review. The implementation of the project depended on certain federal waivers under Medicaid (see above). Near the end of the first project year the Office of Management and Budget (OMB) reviewed all waivered projects, freezing the award of further funds. This dilemma was not resolved for the project until the sixth month of the second year, leaving the sub-contractor (the Biodyne Institute) to pay staff and continue the project in the hope that funding would be re-authorized. Travel to the project site was curtailed and the uncertainty regarding the project's status eroded morale and commitment on the part of clinical and project staff. New case intake declined.

A meeting of the Research Advisory Committee (below) was canceled thereby reducing the level of informed consultation at this early stage of the research. There were no funds to reimburse HMSA for a six month period, resulting in an understandable reluctance on their part to expand data reporting. Also the DSSH was concerned understandably, about the federal match for the project's clinical services. The investigators had no control over these factors and the project lost a degree of momentum

The funding uncertainty due to the OMB review also limited secondary investigations regarding utilization of mental health services among various

ethnic groups in the Medicaid population. Similarly, investigations of case mix among providers could not be pursued nor could more detailed examination of the relatively high levels of drug prescriptions (especially among drug and alcohol abusers).

<u>Competitive Bidding Policy.</u> In the third year of the project, a different component of HCFA initiated a policy that required competitive bidding for Medicaid third-party intermediary contracts, adding further uncertainty regarding a critical component of the research project. The HMSA was successful in their bid, fortunately, since a change in fiscal intermediary would have made it difficult to complete the project in terms of tracking patients and medical services utilization.

<u>Referrals.</u> We had expected few patient referrals from the practitioner communities since the TFMHT model was viewed as competitive by the fee-for-service providers.

We had hoped to generate referrals from various agencies (and spent a great deal of time "outreaching" to them also). However the project was seen as short-term and hence probably without potential as a long term resource. Despite the endorsement of DSSH officers (including the Director, Deputy Director, Administrative Services Officer and the Medicaid Administrator), front line caseworkers may have tended to see the project as irrelevant to their caseloads. Linkage with caseworkers did not materialize and the enthusiasm of the leadership did not seem to carry over to caseworkers.

From the outset, outreach activity also focused on establishing relationships with other agencies as referral sources. These efforts included presentations to staff with direct contact with potential patients, exhibitions at professional fairs and conventions, and meetings with individual providers. In addition, agencies with high levels of contact with Medicaid recipients such as DSSH Income Maintenance and Medical Assistance Units received presentations varying from 30 to 90 minutes in length.

The summary presented in Table 3.7 shows that from 1/86 through 4/87, only about one in seven new patients resulted from agency or professional referral. Agency referrals were the second least productive source of patients (after the telephone outreach), in contrast to our expectations. Only two agencies referred more than a handful, Poailani, a transitional living program for emotionally impaired persons, and the Division of Vocational Rehabilitation. The low level of referrals was an unexpected and unfortunate handicap for a relatively short-term project.

9. Medicaid Demographic Summary:

Table 3.8 summarizes Medicaid demographic data for the 1984 Oahu population obtained from the Hawaii Medical Services Association (HMSA) claims data file. These data represent only the Oahu Medicaid population handled through the HMSA system. These represent annual data for all persons who were eligible

during the 1984, 1985, or 1986 year regardless of length of eligibility. Table 3.8 also summarizes numbers, age, gender, Category of Assistance (Aged, Blind, and Disabled; Aid to Families with Dependent Children; General Assistance), and Ethnic Status (Caucasian, Japanese, Filipino, Native Hawaiian, Chines, and Other) for Medicaid recipients.

The numbers are for the Total Medicaid Group (Oahu), available through HMSA, and are disaggregated for the Experimental Group (the proportion randomly assigned to eligibility for TFMHT services), High Users of health care services (defined as the upper 15% of the total health care utilization distribution), Mental Health Treatment Users, Certified Mentally Disabled, Alcohol abusers, Drug abusers and the four Chronic Medical Diagnoses (CMD) groups.

We note that these categories are not independent and do not represent an unduplicated count for any group. Thus a patient could be a High User and a Mental health user and a Hypertensive and would appear in each category. Thus these categories represent different but non-exclusive perspectives or dimensions for the same population.

Freauency of Medicaid Eliaibility by Year and by Patient Group.

The Oahu Medicaid population (available through HMSA) declined from 59,997 in 1984 to 58,202 in 1985, a drop of 3% and declined from 1985 to 55,450 in 1986, a drop of 5%. The overall enrollment change represented about-a 7.58% drop from 1984 to 1986. Similar trends occured in the (randomly selected) Experimental Group also, as one would expect.

High Users of medical care (the upper 15% of the medical services distribution), declined from 8,999 in 1984 to 8,317 in 1986, also a 7.58% decline, as one would expect. Note that the High Users tended to be older than the total Medicaid population (about 31.5 years compared to 23.7 years, although not surprising since 50% of the Total were 0-17 years while only 23% of high users were in this age range). Note that over time as this group declined in number the residual was older in age (about 33.9 years).

Mental Health Users increased from 4,929 in 1984 to 5,062 in 1986, an increase of 2.69%. The pattern was different than for the prior three groups in that mental health users increased in number from 1984 to 1985 by 3.13%, and declined from 1985 to 1986 by .4%. In addition, Mental Health Users increased as a percentage of the Total Medicaid Population from 8.21% in 1984, to 8.73% in 1985 and to 9.12% in 1986. Mean age increased from 33.0 to 33.8 years from 1984 to 1986 and the percentage that were 55 and over increased from 9% to 10%.

Those Certified as Mentally Disabled also increased from 1,040 in 1984 to 1,188 in 1986, an increase of 14.23%. From 1984 to 1985 a 4.61% increase (from 1040 to 1088) took place, followed by a 9.19% increase from (1088 to 1188) 1985 to 1986. Mean age increased from 34.0 to 34.5 in 1986.

Alcohol Abusers increased from 1,051 in 1984 to 1,411 in 1986, about a 34.25%

increase. From 1984 to 1985 Alcohol Abusers increased from 1,051 in 1984 to 1,145 in 1985 for an 8.94% increase. Alcohol Abusers increased from 1,145 in 1985 to 1,411 in 1986, a 23.23% increase. Mean age did not change.

Drug Abusers increased in number from 566 in 1984 to 1,067 in 1986, an increase of 88.51%. Drug Abusers increased from 566 in 1984 to 720 in 1985, a 48.19% increase, and then increased to 1,067 in 1986, a further increase of 23.23%. Mean age did not change.

Chronic Medical Diagnoses (hypertension, ischemic heart disease, diabetes, airway/respiratory diagnoses) Medicaid recipients had several distinct features relative to the Total population, as one might expect. With the exception of Airway/Respiratory (where 53-55% were under 17 years of age), these patients were older (mean age ranged from 52.1 to 59.6) than the total population and were more heavily female (from 60 % to 74%) than the total population. However the numbers of patients followed the same trends as the total population over time.

Hypertensives declined in number from 3,817 in 1984 to 3,226 in 1986, a decline of 15.49%. Note that the number increased from 2,873 in 1985 to 3,226 in 1986, an increase of 12.28%. Mean age dropped from 56.4 in 1984 to 53.6 in 1986.

Ischemic Heart Disease declined from 1,681 in 1984 to 1,211 in 1987, a decline of 27.96%. However, the number increased from 1,128 in 1985 to 1305 in 1986, a 15.69% increase, and then declined to 1,211, a drop of 7.02%.

Diabetes diagnoses also declined from 2,273 in 1984 to 1,803 in 1987, a decline of 20.68%. Again, the numbers increased from 1,892 in 1985 to 2,120 in 1986, a 12.05% increase and then declined to 1,803 in 1987, about a 14.96% decline.

Finally, Airway/Respiratory diagnosed patients followed a different pattern from the other CMD patients, one more similar to the overall population. Thus these patients declined from 4,621 in 1984 to 4,170 in 1987 a decline of 9.76%., with successive declines in each year.

Age, Gender, Category of Medicaid Assistance, and Ethnicity.

Age:

The 1980 Census indicated that 28.7% of the Oahu civilian population were in the age category of 0-17 years. For 1984 (Table 3.8) about 50% of the Oahu Medicaid population were in this category and remained a stable proportion through 1986. Similarly 50% of the randomly drawn Experimental Group fell in this category. However, this Age category comprised only 23% of the High Users in 1984 and fell to 21% in 1986.

For Mental Health Users, 12-13% fell in the 0-17 category and about 9-10% fell

in the 55 and older category.

Those Certified Mentally Disabled were mainly in the 18-54 range, with little change from 1984 to 1986.

Although the numbers of those with Alcohol or Drug Abuse diagnoses increased over time, little change occured in terms of age.

While Medicaid recipients 55 and over accounted for about 12-15% of the Total Medicaid population (1984-86), they accounted for 57-51% of Hypertensives, 65-59% of those with ischemic Heart Disease, and 47-44% of those with Diabetes diagnoses. In contrast, the 0-17 age category accounted for 53-55% of those with airway/respiratory diagnoses.

Gender:

Females accounted for 59% of the total Medicaid population, and for about 58-59% of the Experimental Group. In contrast, Females accounted for 63-64% of High Users but only 50-51% of Mental Health Users and were under-represented among the Certified Mentally Disabled representing only 29-30%. Females were under-represented among Alcohol (25-29%) and Drug (40-35%) abusers. Females accounted for 66-68% of Hypertensives, 60-65% of those with ischemic Heart Disease, 72-73% of those with Diabetes and 56-58% of those with Airway/Respiratory diagnoses.

Medicaid Assistance Cateoories:

Depending on year, about 73-70% of those receiving assistance under Medicaid did so under Aid to Families with Dependent Children (AFDC), with 14-17% under assistance to Aged, Blind, and Disabled (ABD), and 13-14% under General Assistance (GA).

Among High Users of medical services, however, 28-30% were in the GA category while only 53-55% were under AFDC, and only 15-19% were under ABD.

In contrast, among Mental Health Users, 43-47% were GA, only 31-34% were AFDC and-19-26% were ABD. Note that the GA category also accounts for 87-893 of those Certified Mentally Disabled.

Those on GA accounted for 74-81% of Alcohol and 68-13% of Drug Abuse diagnoses. AFDC accounted for only 12-14% of Alcohol and only 19-21% of Drug Abuse diagnoses while ABD accounted for 6-12% of Alcohol and 6-11% of Drug abuse diagnoses.

Among the Chronic Medical Diagnoses (CMD), ABD assistance accounted for 38-473 of Hypertensives compared to 30-293 for AFDC and 23-29% of GA. ABD assistance accounted for 48-56% of ischemic Heart Disease compared to 22-23% for AFDC and 22-293 for GA. ABD accounted for 34-423 of Diabetes compared to 37-41% for AFDC and 21-253 for GA. In contrast, AFDC assistance accounted for 72-74% of

Airway/Respiratory diagnoses, not surprising since AFDC recipients comprised 70-73% of the Total Medicaid population with 50% of Total Medicaid recipients in the 0-17 age category.

Ethni ci tv:

From the 1980 Census, about 34.4% of Oahu residents were listed as Caucasian, 24.9 % as Japanese, 12.6% as Filipino, 10.7% as native Hawaiian, 6.9% as Chinese and 10.5% as "mixed or other.".

In contrast, among Oahu Medicaid recipients in 1984, Caucasians were under-represented (relative to the general 1980 Census population) with 13%, Japanese were under-represented with 4%, Filipino were under-represented with 9%, Chinese were under-represented with 2%, while native Hawaiian were over-represented with 27%. The Mixed or Other were over-represented with 47% of the 1984 Oahu Medicaid population. These relative Medicaid percentages were very stable during 1984, 1985, and 1986.

Among High Users of medical services, Caucasians were over-represented with 23-24% relative to their 1984 percentage of the Oahu Medicaid population (13%). Each other ethnic category was either less or the same as in the Total Medicaid Population with Japanese representing 4-5%, Filipino representing 7%, native Hawaiiian about 26-7% and Other with 41-42% of High Users of medical. services.

Caucasians were also over-represented among Mental Health Users with 35-36%, as were Japanese with 9%, Chinese with 2%, while the native Hawaiian and Other categories were under-represented with 14-15% and 33-34%, respectively.

Similarly, Caucasians were over-represented among the Certified Mentally Disabled with about 49-51%. Japanese had 5-7%, Chinese had 1-2%, and the Filipino, native Hawaiian, and Other were respectively 3-5%, 11-14%, and 26-28%.

Caucasi ans were over-represented among Alcohol and Drug abusers, 54-51% and 43-46%, respectively. Japanese were over-represented among Drug abusers with 6-8% but under-represented among Alcohol abusers. Each other ethnic category was under-represented.

Among the Chronic Medical Diagnoses, Filipino tends to be over-represented among Hypertension with 13-17% while native Hawaiian were under-represented with 19-23%. Japanese and Chinese tended to be slightly over-represented with 5-9% and 4%, respectively. Native Hawaiian and Other were under-represented with 19-21% and 36-40%, respectively. Caucasians had 13-14%, about the same as in the general Oahu Total Medicaid Population. Similar patterns held for the other three Diagnoses categories.

10. The Research Pooulation:

There were three sub-populations ($\eta_=$ 6,600) of the Oahu Medicaid Population that were not available to the project. These were:

- (a) Medicaid recipients registered with the Kaiser Health Plan since their claims records were not in the HMSA data system,
- (b) patients who were chronically institutionalized and thus unavailable for the planned outpatient intervention),
- (c) new East Asian refugees who were a federal responsibility. Medicaid recipients available to the project were those available through the HMSA system

<u>Beginning Period Medicaid Population:</u> The Oahu Medicaid population summarized above consisted of all recipients regardless of length of eligibility. Some were eligible for only relative short periods of time (e.g., only several months) while other were eligible for longer periods (e.g.? 6 or more months).

The initial, "beginning" Medicaid population for the project consisted of those recipients who were Medicaid eligible during the last half year of-1983. Mailings, etc., were sent to people who had been eligible for this 6 month period. Thus for any calendar half-year, the available Medicaid population. consisted of the residual for the "beginning" period population (Medicaid eligible for last half, 1983) and new Medicaid eligibles, see below.

<u>Current Period Medicaid Population:</u> As we received Medicaid information each subsequent half year, the new Medicaid eligibles (Newly Eligible cohorts) were also randomized into the project with two-thirds receiving the notice of the additional TFMHT benefit (the Experimental group) while the remaining one-third did not receive the notice (the Control group).

For each successive calendar period half year the Oahu Medicaid population was comprised of recipients who had been eligible during the last half of 1983 (the beginning period population, identified as 83/2) and recipients newly eligible in the first half of 1984 (84/1), second half of 1984 (84/2) and so forth. For any given half year the Medicaid population "current period population", was comprised of a declining subset of beginning period recipients (83/2) and subsets of recipients newly eligible in each successive half-year through that point in time.

Clinical services were scheduled to phase out by the end of June, 1987 (87/1) and new eligibles were no longer randomized into the project during this period. Fortunately, due to the HMSA data system capacity, we could continue to add medical cost and utilization data to the file for those remaining Medicaid eligible through the first half of 1988.

11. Demographic Summary for TFMHT Patients:

Demographic summaries for TFMHT Medicaid patients are presented in Table 3.9 by calendar period of first visit. TFMHT patients tended to be older than Oahu Total Medicaid patients with a mean age of 38 and older than Medicaid recipients using other (non-TFMHT) mental health services who had a mean age of 33.

Mean age of new TFMHT patients declined in successive calendar half years, as the home outreach (above) increased the number and hence percentage of childern (0-17 years) seen. Similarly, the percentage of AFDC recipients also increased over calendar half years while the percentage of GA declined. The relative percentage of native Hawaiian and Other ethnic categories also increased over time. We note that as with the overall Oahu Medicaid population, Causcasians were over-represented among TFMHT patients -- the latter is similar to the over-representation of Caucasians among mental health users in the Total Medicaid population.

12. TFMHT Clinical Diagnosis and Procedures Summary:

Although the claims file does not have clinical diagnosis information for non-TFMHT Medicaid patients, diagnostic information was maintained for TFMHT patients in the patient charts and is summarized in Table 3.10 by half year calendar period of first TFMHT visit.

In the first half-year of service, schizophrenia (21.4%) and affective psychoses (2.8%) accounted for 24.2% of TFMHT patients seen. As might be expected based on prevalence rates, these patients were referred (in response to notification of benefit, see above) rather early in the project period. The percentage in subsequent half-years declined steadily to about 8% (5.6% t 2.4%) in the second half of 1986 and to 4.5% (3.2% t 1.3%) in the first half of 1987, reflecting the fact that prevalence often exceeds incidence of new cases.

The percentage with a diagnosis of depression fluctuated between 16.3% in second half of 1985 to a high of 20.9% in first half of 1986. Over the course of the study, depression was the single most frequent diagnosis accounting for about 19% of all patients.

The percentage of TFMHT alcohol and drug abuse (CDP) patients, varied between 7.5% and 18.6% in any given half year. The percentage increased in the first two service years as case loads increased and patients began the 20-24 week group protocol. Subsequent drops in percentage occurred as these patients completed treatment, in contrast to the trends in the overall Oahu Medicaid population for the same approximate years.

Thkhome outreach procedure intensified over the project period (see above) as well as emphases on Life style wellness presentations to various groups. As a result, the percentage of non-mental diagnoses and "all other" mental

diagnoses increased also, accounting for 34.1% in first half of 1986 and for 49.7% of all TFMHT patients in the second half of 1986. These patients also were high utilizers of health care services.

Since an employed comparison population of federal employees (and retired federal employees) was made available to the project by HMSA, we also summarize their clinical characteristics in Table 3.11.

Clinical Procedures Used: Summary

From the encounter forms and patient charts, about 44% of all procedures were individual psychotherapy. While initially only 10% of the psychotherapy was brief therapy, by early 1986 about 50% of therapy was brief therapy.

Biofeedback, a waivered procedure, consistently accounted for about 9% of professional visits.

Telephone consultations accounted for about 9% also.

With a developing caseload, group therapy reached a 20% level by the last half of 1985 and remained at this level throughout the project period.

Medical treatment (drugs) accounted for 8% of all procedures and was primarily used for maintenance and stabilization of psychotic patients.

Family therapy accounted for only 2% of all procedures.

Psychological testing accounted for less than 1% of the procedures.

Orientation to treatment rather than to evaluation accounted for the substantial diversification in the type of service provided or procedure employed. Typical outpatient treatment programs in contrast provide about 80% of services and procedures in terms of individual psychotherapy.

13. Research Advisory Committee:

A small diversified Research Advisory Committee of selected experts was formed to provide continuing consultation throughout the project. Members of the Committee were:

Clifford Attkisson, Ph. D. Professor of Psychology, Director of the Clinical Psychology Training Program and Associate Dean of Graduate Studies, University of California, San Francisco, and a member of the Epidemiology and Mental Health Review Panel of the National Istitute of Mental Health.

Harrison Gough, Ph.D., Founder and former Director of the Institute for Personality Assessment and Research, and no Professore Emeritus, University of California, Berkeley.

Thomas McGuire, Ph. D., Professor of Economics, Boston University a major health economist had to resign bor personal reasons, but was replaced by Richard Frank, Ph. D., faculty member of the Health Policy and Management Center at Johns Hopkins University, School of Hygiene and Public Health.

Jerrold Michael, MPH, Dean of the School of Public Health, University of Hawaii, an international expert in advancing public health programs in the Pacific Basin.

Herbert Schlesinger, Ph.D. formerly Professor of Psychiatry, University of Colorado Medical School and now at the New School for Social Research, noted for substantial studies of mental health services and medical care costs.

Gary VandenBos, Ph.D., Director of National Policy Studies for the American Psyhcological Association, and now Executive Director for Communications, APA, noted for his work on psychotherapy research.

In addition, through 1986, the Deputy Director of DSSH, Hawaii, together with the Director who had approved the original project, participated in the Committee meetings along with an officer of HMSA. Initially the latter was Mr. Cliff Cisco, Vice President for Alternative Delivery Systems, and then Frank Abou-Sayf, Ph.D., Supervisor in the Statistics Dept., HMSA. Patrick Deleon, Ph.D. attended two meetings as liaison from Senator Inouye's office.

14. Staff and Project Organitation:

As the project progressed, a stricter and more formal staffing organization was necessary to gain better accountability in the face of limited travel funds. The latter problem, noted above, had reduced the level of "hands-on" and on-site management supervision possible by the Principal Investigators.

The HCFA Cooperative Agreement directly funded the Principal Investigator, Scientific Director, Economist/Statistician, the research secretarial services and the expenses of the Research Advisory Committee. Indirect costs covered the Chief Operations Officer. The balance of the staffing was a Federally matched medicaid expense.

The Outreach Coordinator began to report to the Business Manager. However, recognizing the intervention role in home visits, the incumbent became a part-time member of the clinical staff. The Administrative Assistant was new to the program and oversaw the completion of all clinical reports and encounter forms and assured that all cases were peer reviewed. An executive secretarial service was installed to enable therapists to dictate all intakes, group and progress notes on the day of the appointment.

15. Research Design, Analytic Strategy and Hypotheses:

The main hypothesis based on the research literature (above) is that outpatient mental health services may reduce subsequent medical utilization costs in the Medicaid population.

The project also focused on several subgroups in order to examine the generality of the effect. These subgroups included recipients with one or more of four chronic medical diagnoses (CMD) or chemical dependency (CDP). High Medical Utilizers (HU), defined as the upper 15% of the distribution represented another subgoup for comparison and data were tabulated by age, gender, category of assistance as well as utilization of mental health treatment by other providers (OMHT).

A second hypothesis examined by the project. was whether MHT had any effect .on elevating departure rates from Medicaid. Presumably MHT might restore psychological functioning for patients sufficiently that recipients 'might be more likely to depart for reasons of increased functioning, employment, or income. Enrollment and retention on Medicaid,, as well as reasons for departure, could also be examined within the subgroups above.

Of course, a distinct alternative is that patients who seek MHT may be in sufficient distress on a long-term basis that they remain more tied to Medicaid and are less likely to depart. In this view utilization of MHT at some point represents an index of ongoing distress and reduced functioning, in much the same fashion that seeking medical services indexes patients who are in distress.

The project was also designed to assess the effect of mental health services, including Targeted, Focused (TFMHT) mental health services on medical costs for a Medicaid population. Comparisons with the employed population (below) allow us to assess differences between a geographically contiguous Medicaid an employed population (as well as providing a replication of the effects found typically in employed populations).

The experimental design was a prospective, randomized controlled trial with two-thirds of the Medicaid population available to us randomly assigned (by intact family) to the experimental condition.

The experimental intervention consisted of full coverage under Medicaid for TFMHT services, directly available without physician referral. The addition of this benefit did not reduce other existing benefits and Medicaid patients retained the existing coverage for mental health services from other mental health providers under Medicaid regulation. Patients could make use of both other mental health services as well as TFMHT services at any point (and many did so, see below). TFMHT services were provided without co-payment, deductible, or limit requirements.

Studies of the relationship between MHT and medical services utilization, whether in HMD or fee-for-service populations, have been, typically, retrospective analyses of cost and services received. Investigators typically delimit study populations in terms of demographic characteristics (e.g.,

adults), and in terms of length of eligiblity for benefits (e.g., "X" months or years of eligibility), as well as some defined period of prior eligibility before using mental health services, and in terms of prior medical costs. The basic strategy then examines changes in utilization or cost for some period prior to MHT compared to some period following MHT, by comparing slopes of regression lines, multiple regression analyses, or change scores.

In the typical retrospective investigation, patients have self-selected into MHT on some unknown or undefined basis. MHT patients have been typically different than the general population along several dimensions, including higher levels of medical utilization and medical costs.

The present study was more prospective in nature. The available Medicaid population was randomly assigned to eligibility for outpatient TFMHT services (Experimental) or not (Control). However, Medicaid recipients in both E and C could use or continue to use MHT from providers available within the context of Medicaid regulations on a virtually unrestricted basis. MHT users could be tracked over time to the extent that they remained eligible for Medicaid benefits.

There are two elements incorporated into the contract, however, that made the project design only quasi-experimental (although prospective) in nature from the outset. While two-thirds were randomly assigned to receive the outpatient TFMHT benefit, patients still "self-selected" into usage of the benefit. A true experimental design, of course, would have randomly assigned patients who had already decided to use MHT (by showing up to a provider) to alternative forms of MHT, i.e., in this case to OMHT available under Medicaid or to TFMHT, or to no mental health treatment (we recognize the ethical problems in this latter hypothetical approach).

The second element incorporated at the outset was that the contract called for an intensive outreach program in order to acquire patients, particularly from among the highest 15% of the distribution. We note that the original contract called for the highest 10% but in light of difficulty in obtaining these patients (see above) the cutoff was lowered to 15%.

The "bottom-line" nature of the project carried a strong component of selecting high medical care users in part because previous research suggested that high medical services utilization reflected larger components of emotional distress. Inevitably, patients making use of TFMHT services (on whatever outreached, self-selected basis) would have more expensive medical care cost histories than MHT patients selecting OMHT. services or patients who never used MHT services (NoMHT), reflecting the outreach efforts.

In the ideal case, the expectation of which was more or less incorporated into the contract, the percentage of recipients using TFMHT services would have been sufficiently large that (assuming TFMHT lowered medical costs) the mean medical cost for the Experimental group (approximately 34,000 recipients in any given calendar point) would be lower than the mean medical cost for the Control group at some point in time (for example, as the $\underline{\bf n}$ with TFMHT increased).

Recognizing that this outcome would be unlikely to be observed in the overall aggregated E and C groups, the project incorporated plans to examine effects along disaggregated dimensions within the E and C groups and subgroups, noted above.

There were three limitations in addition to patient self-selection. The first was that the various constraints and problems for the project combined such that only 1,444 (Experimental) patients actually had contact with TFMHT services, i.e., about 3% of the average E group by the end of the project. In light of the constraints and difficulty in acquiring patients, 1,444 was a respectable number (although clearly too few to alter mean aggregate medical costs for the Experimental group).

Second, for any given current calendar period (e.g., first half of 1984, etc.) population, patients were comprised of those who may have had differing periods of prior Medicaid eligibility (thus having differing lengths of medical claims records), and may or may not yet have used MHT from any provider and/or may have used MHT in some prior calendar period but not in any given current period. Similarly, some proportion of patients may not yet have used MHT but would in the future..' Thus a simple comparison of mean medical costs. across calendar periods, in an attempt to assess change in medical costs would be misleading. Finally, mean medical costs increased from one calendar period to the next in the Medicaid population.

In addition, about 10% of an annual Medicaid population departed from Medicaid and were replaced by approximately the same number (although replacement for the purposes of randomizing in new eligibles stopped after 1986 since the project entered the phase out period). Thus group means for any specific calendar period population are likely to be based on substantially different people, further complicating an examination of trends over time or between calendar periods.

Third, ample literature (cf. Mumford, Schlesinger, et al., 1984) documents that those who self-select into MHT typically have had higher medical cost histories prior to MHT than those who do not enter MHT. Thus medical costs following MHT are still likely to be higher than those for NoMHT patients simply due to the higher level of medical cost history.

Aggregated or disaggregated (by subgroup) costs for each calendar period are similar to the sorts of summary information often available to budget planners and policy officials. As a result, we present these analyses (similar to the format of previous annual reports for cost levels) in the Results, Section 3, below.

Recognizing these limitations, the contract also established the procedure of tracking patients on an "own-control" basis, i.e., comparing medical cost pre-MHT with medical cost post-MHT, within patients -- essentially an analysis of change scores for medical utilization costs.

Despite these general considerations or limitations, several questions can be assessed in terms of the Medicaid population. For example, we can ask about trends within the population and within subgroups of particular interest.

The 83/2 Beginning Period Population data help to establish a picture of a comprehensive Medicaid population and outpatient mental health treatment within that population. We move that picture forward through each calendar period in order to assess trends for Medicaid over time.

<u>Enrollment.</u> Within these overall trends we can assess the relationship between mental health treatment and Medicaid enrollment for several subgroups of interest. This process permits some assessment of likely outcomes if outreach efforts for MHT were incorporated on a routine basis in terms of which patients make use of MHT. We also examine when patients initiated MHT relative to Medicaid eligibility.

Cost of Medical Services Utilization: Within the E and the C groups, we examine trends in medical services costs across each calendar period during the data period of the project. Several categories of patients may be disaggregated. By far the largest group (about 92%-91%, depending on calendar year) are those who never used MHT services (E-NoMHT, C-OMHT). A smaller category (about 8%-12% depending on calendar period) in E and in the C group consists of those who used OMHT services (E-OMHT and C-OMHT). Thus except by chance, we would expect little difference between E-NoMHT and C-OMHT or between E-OMHT and C-OMHT, since the randomization for the intervention pertained only to eligibility for TFMHT services.

Within the E group, however, we have two sets of patients who used TFMHT services: those who used only TFMHT services (E-TFMHT), and those who used both OMHT (at some point prior to, during, or after TFMHT) and TFMHT services (E-BOTH). Thus from the proposal design we can disaggregate the Experimental Group into those who never sought MHT services (E-NOMHT), those who used OMHT services exclusively (E-OMHT), those who used TFMHT services exclusively (E-TFMHT) and those who had services from both OMHT and TFMHT providers (E-BOTH).

In similar fashion, the Control Group may be disaggregated into those who never sought MHT services (C-NoMHT) and those who did (C-OMHT) permitting comparisons among four groups of MHT patients (E-OMHT, C-OMHT, E-TFMHT, and E-BOTH).

In addition, patient data is disaggregated by patients with one or more of the four Chronic Medical Diagnoses (CMD) of airway, hypertension, ischemic heart disease, diabetes, and those without (NonCMD) as well as patients with primary diagnoses of drug or alcohol abuse or chemical dependency (CDP).

<u>The Relationship between Mental Health Treatment and change in Medical Services Utilization: Longitudinal Analyses.</u>

Within the E and C format, a more powerful and direct analytic strategy involves analysis of medical services utilization costs in relation to ini'tiation of mental health treatment (MHT). These longitutinal comparisons aggregated at the level of the individual patient involve comparisons of level of utilization before initation of MHT with utilization after initiation of

MHT. Patients initiated MHT throughout the life of the project.

Medical costs and change in medical costs were aggregated for each six month calendar period in each year, i.e., first-half and second-half. The six-month calendar period in which MHT was initiated was designated as the MHT period. The claims file does not permit more precise specification of the date when MHT was initiated within the six month period. Thus some patients may have initiated treatment early or late in the period and some may not have completed treatment within the six month period.

Since we cannot presently assess the relationship between medical costs and initiation of MHT within the MHT period, we have set aside all data generated within that six month period in the present longitudinal and change in cost analyses. As a result we are unable to assess utilization trends in terms of "peaking", i.e., in terms of a common pattern of increasing medical costs in the 3-6 months preceding initiation of MHT (cf. Mumford, Schlesinger, Glass Patrick, & Cuerdon, 1984; Holder & Blose, 1987).

Data from patients who never sought mental health services (E-NoMHT and C-NoMHT) were aggregated in similar fashion as above. However, the middle six month period of the available periods of continous eligibility was designated as the "MHT" period for the purposes of comparing changes in costs among groups. This procedure permits similar symetric analyses of change in utilization trends on relative time comparable to the analyses of change in costs in the several MHT groups and sub-groups.

Within the Experimental groups (E-NoMHT E-OMHT, E-TFMHT, E-BOTH) and within the Control groups (C-NoMHT, C-OMHT) we compare change in medical costs for patients six months before and after initiation of MHT (or 18 months continuous eligibility), 12 months, 18 months, and 24 months. For each patient we use the average cost in the period (6, 12, 18; 24 months) prior to the MHT period subtracted from the average cost in the period following (6, 12, 18, 24 months) the MHT period. Thus a positive change score indicated an increase in costs and utilization and a negative change score indicated a decrease in cost and utilization (see Results, Section 4).

Since patients who eventually used TFMHT services (TFMHT, BOTH) were recruited, outreached or otherwise self-selected into TFMHT it is unclear whether these patients would have used OMHT services at some point. Thus, within the E-groups the relationship between OMHT and TFMHT and the overall E-group mean is not clear on an a priori basis.

For examination of the effect of E-TFMHT and E-BOTH relative to NoMHT the appropriate baseline would be the C-NoMHT group. These baselines would be clearest for comparsions in that there is no ambiguity about whether "selecting" out patients who would be TFMHT patients would have biased the C-OMHT means in some unknown or unassessable fashion. We do note comparisons among the E-group means, however, in order to provide information.

Finally, comparisons among the E and C groups permit examination of the effect of MHT and of the duration of the effects over time on a longitudinal basis.

Hvootheses:

The Results sections below are organized around the general hypotheses guiding the project. The general hypotheses may be summarized as:

- 1. An examination of the relationship between MHT and duration of Medicaid eligibility:
 - (a) MHT may reduce eligibility by increasing the level of functioning so that departures increase and results in shorter eligibility periods.
 - (b) Patients who seek MHT may represent more poorly functioning Medicaid recipients and hence may be less likely to depart from Medicaid despite treatment, and hence have longer periods of eligibility.
- 2. MHT may reduce medical services costs.
 - (a) The effect may be especially clear within specific sub-groups of patients, i.e., high utilizing patients, patients with chronic medical diagnoses, etc.:
 - (b) The effect may or may not be observable when nominal (calendar period) costs are examined in six month calendar periods since eventual MHT patients have higher cost histories and since 'in any calendar period patients may have initiated, completed or not yet have initiated MHT.
 - (c) The effect should be most clearly observed when change in medical cost is examined relative to initiation of MHT, i.e., before and after initiation of MHT.

Chapter 4: RESULTS

Overvi ew

The project results reported here are organized in nine sections:

<u>Section 1: Enrollment Trends</u> summarizes Medicaid enrollment and retention trends for the E and C groups for NoMHT, OMHT, TFMHT, and BOTH and for the Beginning Period Population (83/2) and Newly Eligibile cohorts, i.e., first eligible in 84/1, etc.

<u>Section 1. A.</u> summarizes overall trends for the population and for the E and C subgroups groups available to the project.

<u>Section 1. B.</u> summarizes trends by Age category (0-17, 18-59, and 60t years).

Section 1. C. summarizes enrollment trends by Gender.

<u>Section 1. D.</u> summarizes enrollment in terms of Medicaid Assistance categories,

<u>Section 1. E.</u> summarizes enrollment by the target Medical Diagnoses: Chronic Medical Diagnoses (CMD) (airway/repiratory, diabetes, ischemic heart disease, hypertenion), Chemical Dependency (CDP), and patients with neither a CMD or CDP diagnosis (NEITHER or NoNCMD).

<u>Section 1. F.</u> summarizes enrollment trends for High Medical Utilizers (defined as the upper 15% of the distribution of medical utilization).

<u>Section 1. G.</u> summarizes enrollment trends for recipients who used Mental Health Treatment (MHT) at some point in the project data period.

<u>Section 1. H.</u> summarizes' enrollment trends in terms of when initiation of MHT took place.

<u>Section 1. I.</u> summarizes the distribution of characteristics of MHT users.

<u>Section 1. J.</u> provides comparisions between the High Users of medical services and recipients of TFMHT and BOTH services. These comparisons provide a closer examination of the effects of the outreach efforts that were targeted to High Users as well as others (Chapter 3) and a profile of High Utilizers in relation to the rest of the population,

- <u>Section 2: Length of Medicaid Enrollment Relative to Initiation of MHT</u> examines the relationship between MHT and length of Medicaid enrollment following initiation of MHT. A major hypothesis examined by the project involved the question of whether MHT reduced the number of recipients remaining enrolled on Medicaid, or whether MHT increased the departure rate due to increased functioning.
- <u>Section 3: Calendar Period Medical Costs</u> examines the relationship between MHT and Medical costs in the same disaggregated calendar period format as above (E and C groups). These are actual medical costs in each period, unadjusted for inflation (in contrast to Section 4, below, where costs are in 1983 constant dollars).
- <u>Section 4: Change in Medical Costs Relative to Initiation of MHT</u> examines change in medical costs in the E and C groups relative to initiating mental health treatment. These analyses compare medical costs before and after the six month period in which MHT was initiated, i.e., the MHT period, for Medicaid recipients with at least 6, 12, 18, and 24 months of continuous eligibility before and after the MHT period.
 - <u>Section 4.A.:</u> Aggregated analyses of cost trends by MHT status:
 - <u>Section 4.8.:</u> Medical cost trends by Age and MHT status.
 - Section 4.C.: Medical cost trends by Medical Diagnoses and MHT.
 - Section 4.0.: Medical cost trends by High Utilizer and MHT status.
 - $\underline{Section\ 4.\,E.:}\quad \text{Medical\ cost\ trends\ by\ Gender\ and\ MHT\ status}.$
- <u>Section 5: Mental Health Treatment Visits</u> examines the number of mental health treatment visits for the OMHT, TFMHT an BOTH subgroups.
- <u>Section 6: Biofeedback Visits and Clinical Diagnoses</u> summarizes Biofeedback visits and clinical diagnoses the E-TFMHT and for E-BOTH groups.
- Section 7: Expenditures for TFMHT and Cost Recovery through Decline in Medical Costs summarizes project costs of providing MHT to the Medicaid population and examines the length of time per patient to recover costs through reductions in medical services costs.
- <u>Section 8: Medical Cost Trends for the Employed Comparison Population</u> examines change in medical costs in the Federal Employee comparison population that were enrolled continuously for 30 months (12 months before and 12 months after the MHT period) disaggregated by CMD-NonCMD.
- <u>Section 9: Medical Services Utilization Indices Summary</u> provides an overview of the services utilization indices.

Results: Section 1

Medicaid Enrollment Trends and Characteristics of Mental Health Treatment users and High Users of Medical Services

Section 1. A.: Medicaid Enrollment and Retention Trends

Overvi ew

We examine enrollment trends for Medicaid in terms of several dimensions; For both the C (Control) and E (Experimental) groups we examine trends by Age (3 categories), Gender (two categories), Medicaid Assistance Category (four categories), Medical Diagnoses (three categories), Medical Utilization (two categories), and by Mental Health Treatment utilization (three categories). 'Within each of these dimensions we look at trends for the Beginning Period Population (enrolled during 83/2) and for succeeding cohorts of Newly Eligible enrollees.

<u>Medicaid Enrollment in the Oahu Pooulation Available To the Project through</u> HMSA

The enrollment data presented in Table 4.1.A.1 summarize Oahu Medicaid enrollees available to the project through the HMSA system Enrollees eligible for the 83/2 calendar half year period (the Beginning Period Population) were randomized into the project (above). Enrollees who became newly eligible in each successive calendar half year period (Newly Eligible) were also randomized into the project as the records became available. Each successive calendar period cohort, e.g., Newly Eligible in the 84/1, 84/2, etc. calendar half year, had been newly eligible for that respective calendar half year. Thus these ns are slightly smaller than the ns reported in Chapter 3, above, and the difference represents those enrollees eligible for less than the calendar period who were not available to the project as a result.

After the 86/2 calendar period, Newly Eligible cohorts were no longer being randomized into the project since the clinical service part of the project entered the phase-out period, ending by July 1, 1987 (by the end of the 87/1 half year). The total N for these latter calendar half-years thus declined from 86/2 (total N = 46, 379) to N = 40, 934 through the end of 87/1 as a result. The data summarized for 87/1, 87/2, 88/1 represent only the residual enrollments for previous cohorts (83/2-86/2). Total Ns for the project data periods continued to decline from 40, 934 in 87/1 to 33, 284 in 87/2 to 32, 038 in 88/1 as a result.

The numerical size of the Oahu Medicaid population available through HMSA, summarized in Table 4.1.A.1, generally declined from 83/2 through 86/2. For any given calendar period ("Current Period Population"), the population was

comprised of declining residuals for previous calendar cohorts (organized in terms of calendar period of initial Medicaid eligibility). For example, if we use the 83/2 Beginning Period Population cohort as a base representing 100% (a total of $\underline{N}=50,653$) then the 84/l current period population of 50,699 was comprised of 18.60% Newly Eligible in that period and 77.4% from those eligible in the 83/2 period.

In addition, Table 4.1.A.l summarizes the percentage of each eligibility cohort (eligible in the 83/2, Beginning Period Population, Newly Eligible in 84/1, 84/2, etc.) still enrolled in each successive calendar period. For each cohort one can track the percentage remaining eligible after one, two, three, or four years following the period of initial Medicaid eligibility.

These annual percentages retained are summarized in Table 4.1.A.2. at annual intervals following period of initial eligibility.

In general, three trends seemed to emerge from Table 4.1.A.2.:

- 1. Using the 83/2 Total as 100%, one year later (84/2) the total population, N = 51,050 was 100.78%, the total two years later (85/2) of N = 48,860 was 96.46% and the total three years later (86/2) of N = 46,379 was 91.56% of the 83/2 total, respectively.
- 2. Enrollees Newly Eligible in any calendar period after 84/l declined each successive half year both in absolute number (except for the 85/2 cohort of 6,133 which was a slight increase from the 85/l cohort of 6,106) and as a percentage of any given current period population. For example, enrollees newly eligible in 84/l (\underline{n} = 9,435) comprised 18.60% of the 84/l current period population of \underline{n} = 50,699, but enrollees Newly Eligible in 86/2, \underline{n} = 5,316, comprised only 11.46% of the \underline{n} = 46,379 current period population for 86/2, etc..
- 3. In general, higher percentages of the Beginning Period (83/2) population remained on Medicaid in each succeeding year than was the case for each subsequent cohort of Newly Eligible enrollees. These percentages are summarized in Table 4.1. A. 2 relative to period of initial eligibility. For example, 72.1% of the Beginning Period Population were enrolled one year later (in 84/2). In contrast, only 59.6% of those Newly Eligible in 84/1 remained enrolled one year later (in 85/1).

For New Eligibility cohorts only declining percentages remained eligible one year, two years, etc., later, and the absolute value of the percentage is less than the comparable percentage for the Beginning Period Population. For Newly Eligible cohorts between 59.6% (84/1 cohort) and 48.2% (86/2 cohort) remained eilgible one year later. Between 44.6% (84/1 cohort) and 38.4% (86/1 cohort) remained eligible two years after the period of initial eligibility. Between 37.1% (84/1 cohort) and 28.8% (84/2 cohort) remained eligible three years after the initial period of eligibility.

There are at least two reasons for the difference in retention rates for the Beginning Population and subsequent cohorts of New enrollees.

The first is that the 83/2 Beginning Population was more comprehensive than subsequent cohorts of Newly Eligible enrollees. This suggests that a substantial proportion of longer term enrollees were already receiving Medicaid assistance in 83/2. Presumably the 83/2 Beginning Population captured the majority of enrollees who would be eligible for longer periods of time. As a result newly eligible cohorts would be less likely to have longer term enrollees, and would have smaller percentages retained relative to the Beginning population, because most longer term were already enrolled. As a result, subsequent cohorts would have smaller and declining percentages of longer-term enrollees. Newly eligible cohorts were less likely to remain on Medicaid than the overall population represented or captured by the 83/2 Beginning Population picture.

These trends are the same for both the E (Experimental) and C (Control) groups summarized in Table 4.1.A.3 and Table 4.1.A.4, respectively, as one would expect from the randomization procedure. As a result, these data are not discussed in detail here in terms of overall enrollment trends but are disaggregated below.

Section 1. B.: Medicaid Enrollment Trends by Age Category

<u>Beginning Period Population (83/2).</u> Enrollment trends for three age categories (0-17, 18-59, 60t) during the 1-4 years following the 83/2 Beginning Period are presented in Tables 4.1.8.1-6.

These trends are summarized in Table 4.1.8.7 in terms of the three age categories, E and C groups and in terms of percent enrolled 1-4 years later.

There are no differences between E and C either in age category distribution or in percent retained at each later annual point. For ease of presentation the following. are summarized for the E and C groups together.

Approximately 52% of the BPP were in the 0-17 category (26,235/50,653 = 51.79%) while 38.40% (19,450/50,653 = 38.40%) were in the 18-59 category, and 9.81% (4,968/50,50653 = 9.81%) were in the 60t category.

Approximately 71% of the 0-17 category remained enrolled one year later declining to 55.4%, 44.3%, and 32.6%, respectively at each subsequent year.

Approximately 71.8% of the 18-59 category remained enrolled one year later. However, at each successive year, 58.3%, 48.9% and 39.2% remained enrolled respectively -- higher percentages relative to the 0-17 category as one would expect.

In contrast, higher percentages of the 60t category remain enrolled at each succeeding year than in the 0-17 or 18-59 age categories (82.73% vs. 71.8%, t = 14.28, p < .0001).

Newly Eliqible Cohorts. Enrollment trends for new eligibility cohorts are summarized by Age category in Table 4.1.8.7. Relative to the BPP (above), new eligibility cohorts had higher percentages in the 0-17 category (with the exception of the 84/l new cohort) with for example, about 59% of the 86/l and 86/2 cohorts in the age range.

In turn, while 9.81% of the BPP were in the 60t category, the percentage for new cohorts ranged between 5.15% and 6.18%. Thus a smaller percentage of new eligibility cohorts were in the 60t category than had been the case in the BPP.

For each cohort of Newly Eligibles, those in the 60t category had higher percentages remaining enrolled at each successive year after period of initial eligibility. On the average about 71% of 60t remained eligible after one year while approx 62% remained enrolled two years after initial enrollment. These percentages remaining enrolled are reliably greater than those in the other two age categories (t = 4.22, p < .001).

Section 1. C.: Medicaid Enrollment Trends by Gender

Enrollment trends disaggregated by gender and calendare cohort are presented in Tables 4.1.C.1-4 and are summarized for E and C groups in Table 4.1.C.5.

Besinnino Period Pooulation (83/2). There were no differences between E and C groups for, percentage of recipients who were female (as one would expect due to randomization) and we simply pool the two groups for presentation in Table 4.1.C.5. for successive years. For the BPP, 60.21% were female. Females were more likely to remain enrolled at each subsequent year than males (e.g., 73.95% vs. 69.2%, t = 11.54, p < .0001). Thus the percent female increased from 60.21% in 83/2 to 63.24% of those remaining in the 87/2 period.

Newly Eliqible Cohorts. From Table 4.1.C.5., in each successive new eligibility cohort the percentage of recipients who were female ranged from 55.02% to 52.76%. Within each new cohort, females were more likely than males to remain enrolled at each successive year following the period of initial enrollment (t = 5.63, p < .0001).

Section 1. D.: Medicaid Enrollment Trends by Assistance Category

Medicaid enrollments disaggregated by assistance categories of Aid to Families with Dependent Children (AFDC), aid to Aged, Blind or Disabled (ABD), General Assistance (GA), or Other are summarized in Tables 4.1.0.1-8. The percent distribution by Assistance category for E and C groups is summarized in Table 4.1.0.9.

Table 4.1.0.10. summarizes the percent retention at annual intervals by Assistance category within the E and C groups for the Beginning Period Population (83/2).

Table 4.1.0.11. summarizes percent retention at annual intervals for Newly Eligible cohorts by Assistance category and by E and C groups.

<u>Beginning Period Pooulation (83/2).</u> Do alternative categories of assistance vary in enrollment over time?

From Table 4.1.D.9., the Beginning Period Population of $\underline{N}=50,653$ available to the project for randomization was comprised of 68.31% receiving AFDC, 12.84% ABD, 8.84% GA, and 10.00% Other. There were no differences between E and C groups and these are summarized together.

From Table 4.1.0.10., for those receiving AFOC (\underline{n} = 34,603), 72.13% remained enrolled one year later (84/2), with 57.07%, 45.97% and 34.89% enrolled respectively each succeeding year.

For those receiving ABD assistance, 88.68%, 81.27%, 75.61%, and 67.51% respectively, remained enrolled each succeeding year.

For those receiving GA, 65.55%, 53.29%, 42.15%, and 34.29%, respectively, remained enrolled at each succeeding year.

While AFOC comprised the majority of enrollees (68.31%), those receiving ABD assistance were more likely to remain enrolled at each successive year than those under AFOC (t = 30.2, p < .0001) and the decline over time for ABD was much slower (88.68% to 67.51% than for AFDC (72.13% to 34.89%).

AFDC recipients were more likely to remain enrolled than those receiving GA after one year (72.13% vs. 65.55%, t = 28.30, p < .0001) but with little difference by the fourth year in percentage still enrolled (34.89% vs. 34.29%).

Those receiving Other assistance were less likely to remain enrolled at each annual interval than the other three categories.

<u>Newly Eligible Cohorts.</u> Table 4.1.0.11. summarizes enrollment trends by

assistance category for successive cohorts of New Eligibles.

For each New cohort the percentage receiving AFDC was quite stable varying between 64.01% for the 84/2 cohort to 58.35% for the 86/2 cohort. The percent receiving ABD varied between 8.07% and 7.11% while between 14.48% (86/1) and 11.20% (84/2) were under GA. The percent under 0ther varied between 15.82% (85/1) and 21.57% (86/2).

Within successive cohorts of New eligibles those receiving assistance under ABD remained more likely to be enrolled at each succeeding year following initial eligibility than those under AFDC, GA or Other. As with the Beginning Period Population, the percent remaining enrolled at each successive year were in order greater for ABD, AFDC, GA, and Other.

<u>Summary:</u> AFDC comprised the largesst assistance category for the Beginning Period Population (68.31%) and for the Newly Eligible cohorts (64%-58%). Those under ABD assistance were more likely to remain on Medicaid than AFDC, GA or Other for both the Beginning Period Population and Newly Eligible cohorts.

Section 1. E.: Medicaid Enrollment by Ctironic or Non Chronic Medical Diagnoses and by Chemical Dependency

Tables 4.1.E.1-6 summarize enrollment trends by enrollment cohort (Beginning Population, Newly eligible cohorts) for the E and C subgroups by Medical Diagnoses.

We disaggregated Medical Diagnoses as three categories: enrollees with one or more of the four Chronic Medical Diagnoses (CMD) of hypertension, ischemic heart disease, airway/respiratory, diabetes, enrollees with substance abuse or chemical dependency diagnoses (CDP), and enrollees with neither CMD or CDP diagnoses (Neither, or NonCMD). For ease of presentation we move through the diagnosis categories in the order of Neither, CMD, and CDP.

Preval ence:

Table 4.1.E.7. summarizes each current period Medicaid population (83/2, 84/1, etc.) for the C and E groups in terms of the number and percent in each group in each current period with either CMD or CDP diagnoses.

Table 4.1.E.8. summarizes retention within Diagnosis groups for each enrollment cohort.

For any given current period, the population is comprised of a proportion of the 83/2 Beginning period population, a proportion of residual eligibles from prior periods and a proportion of new eligibles., For the 87/1-88/1 populations new eligibles were no longer randomized into the population for the project and these are simply residuals from prior periods.

The 83/2 Control group (\underline{N} = 16,573) had n = 5688 with a CMD diagnosis or 34.32%, and \underline{n} = 402 or 2.43% with a CDP diagnosis.

The 83/2 Experimental group (N = 34,080) had N = 11,234 or 32.96% with a CMD diagnosis and N = 774 or 2.27% with a CDP diagnosis.

The slight difference between C and E in percentage CMD (the range for which varies by only .87 percentage points for the 85/2 current period population to a high of 1.41 percentage points for the 86/1 current period) was not reliable (t < 1.00).

The range for percentage CMD for any given current period was from a low of 32.96% for the E-8312 Beginning period to a high of 35.97% for the C-8612 current period population. The unweighted average is 34.66% with a CMD diagnosis for any given period (other than the residual periods of 87/1, etc.)..

For both E and C, the percentage CMD increased in the 87/1 and 87/2 period (residuals only) relative to the 86/2 period and leveled in the 88/1 residual period. Since new eligibility cohorts were no longer being randomized into the project in the 87/1, 87/2, and 88/1 residual periods, the slight increase

here suggests that CMD enrollees may be more likely to remain enrolled and hence increase in percentage (below).

There were no reliable differences between C and E for percent with CDP diagnoses (as one would expect from the randomization procedure). The percent CDP shows very slight and unreliable increases through succeeding current period populations with slight declines in the 87/1-88/l residual periods.

<u>Summary:</u> The weighted average percent CMD for C and E was 34.40%, 34.28%, 34.95%, 35.27% and 38.63% for the 83/2, 84/2, 85/2, 86/2, and 87/2, current period populations reflecting the trends noted above. A similar procedure indicated that between 2.32% (83/2) and 3.05% (86/2) of current period population had a CDP diagnosis.

<u>Did Medicaid Enrollment varv by Diasnosis?</u>

Beginning Period (83/2) Population. Table 4.1.E.8. summarizes percentage enrollments over time for the Beginning Period (83/2) population. As one would expect there were no differences in percentages between the E and C groups for the Neither(NonCMD), CMD or CDP diagnosis subgroups.

However, there were striking differences between diagnosis category in percent remaining enrolled annually within the Beginning Period Population.

In the C group, 65.8% of C-Neither (NonCMD) remained enrolled in 84/2 (one year later), 51.0% two years later, 40.3% three years later, and 30.8% four years later. Similar percentages -were obtained for the E-Neither(NonCMD) group.

In contrast, for C-CMD, 81.7% remained enrolled one year later, 71.5% two years later, 62.6% three years later, and 50.7% four years later with virtually identical percentages for the E-CMD group.

The difference in percentage remaining enrolled between the Neither and CMD groups at each annual interval was reliable (65.8% vs. 81.7%, t = 22.17, p < .0001). Medicaid enrollees with CMD diagnoses were more likely to remain enrolled than patients without these diagnoses.

The difference between Neither and CMD also accelerated over annual intervals. The ratio of percentages still enrolled (C-CMD/C-Neither, E-CMD/E-Neither) indicated that CMD were 124%, 140%, 155%, 165% more likely to remain enrolled at each subsequent year than were non-CMD (Neither) recipients. Similar percentages were obtained in the E group.

The overall percentage with a CDP diagnosis was quite small with only 2.27% of the C group and 2.42% of the E group having the diagnosis. In general, the percent remaining enrolled in succeeding years did not differ reliably (t < 1.00) between the E and C groups (we note that the largest difference, for the 84/2 period, between E and C of 66.3% and 71.4% was only marginal t = 1.75, p < .10).

Since the $n\underline{s}$ for CDP diagnoses were relatively small, we simply pooled C-CDP and E-COP in order to assess whether the percentage enrollment trends differed from those for CMD or Neither (also pooled between E and C).

For the Beginning Period population total, 32,555 or 64.27% (32,555/50,653 = 64.27%) had Neither and 1,176 or 2.32% had a CDP diagnosis.

In the 84/2 period, there were \underline{n} = 21,766 or 66.86% still enrolled while there were \underline{n} = 800 CDP or 68.02% still enrolled and these percentages were not different. For each succeeding annual period there were no reliable differences between percentages of Neither and CDP enrolled through 86/2.

However, for the 87/2 period, 37.7% of CDP remained enrolled while only 30.74% of the Neither remained enrolled, a reliable difference (t = 5.00, p < .0001). Thus-there was a tendency in the Beginning Period Population for CDP to remain more likely to be enrolled four years later than the Neither subgroup.

Finally, the CMD subgroup were more likely to remain enrolled at each succeeding annual interval than CDP (82.32% vs. 68.02%, t=10.80, p<.0001; 71.36% vs. 53.57%, t=11.84, p<.0001; 62.23% v. 46.51%, t=10.67, p<.0001; 50.30% vs. 37.76%, t=8.38, p<.0001).

Newly Eligibles the percentages remaining enrolled at each subsequentyear were lower overall than in the Beginning Period (83/2) Population, a general trend noted earlier. Newly eligible cohorts had smaller percentages of CMD enrollees relative to the Beginning Period (83/2) Population but higher percentages of CDP diagnoses.

In general, and with only modest variation, enrollees with a CMD diagnosis were more likely to remain enrolled than recipients with Neither diagnosis, or a CDP diagnosis (whether in E or C). Similarly for each cohort the difference between CMD and Neither, as well as CDP, continued to increase over time.

For each New cohort, between 23.84% (84/1) and 19.00% (86/2-E) had a CMD diagnosis. This downward shift in percent was reliable (t = 5.18, p < .001).

Between 2.66% (84/1-E) and 5.37% (86/2-E) had a CDP diagnosis, an upward shift of 153%. The increase in. percentage with a CDP diagnosis was also reliable (t = 5.82, p < .001).

<u>Summary:</u> The Beginning Period Population had a higher percentage of CMD (33%-34%) than the Newly Eligible cohorts (23.84%-19.00%) and the NE cohorts showed a decline in percentage CMD. However, in both the BPP and NE cohorts CMD's were more likely to remain enrolled than NonCMD or CDP recipients. For NE cohorts, the percent CDP increased to 150% of those in the 84/1 E group.

Section 1. F.: Medicaid Enrollment Trends for High Medical Utilizers

High Medical Utilizers (HU) were defined as the upper 15% of the distribution of medical services in a calendar period for the purposes of the outreach effort. For our analyses, we further defined High Utilizer as having been in the upper 15% of the distribution for two out of three calendar periods of enrollment (regardless of order). The latter, more stringent, definition tends to prevent labeling as a High Utilizer due to an acute episode of medical utilization in a single calendar period. Patients in this latter case would show sharp reductions in utilization more frequently and, hence, would tend to obscure trends.

The results presented in Tables 4.1.F.1-4 represent frequency and percentage enrolled by period of initial eligibility for E and C group High Utilizers (HU) and Not High Utilizers (NHU). In turn, these results are summarized in Table 4.1.F.5.. by period of initial eligibility for the E and C groups for HU and for NHU at annual intervals.

Beginning Period Population: For the Beginning Period Population (83/2) in the E group, 91.1% of the HU subgroup remained enrolled one year later (in 84/2), while only 68.8% of the NHU subgroup remained enrolled, a reliable difference (91.1% v 68.8%, t=36.46, p<.0001). Similarly, for the C group 90.2% of the HU group remained enrolled while only 67.6% of the NHU subgroup remained enrolled, also a reliable difference (90.2% v 67.6%, t=25.59, p<.0001).

As the ratio of percents indicated, this difference increased over time. Thus HU were 132%, 149%, 162%, and 175% more likely to remain enrolled at each successive year than the NHU subgroup in the E group. Similar trends occurred in the C group and we note that there were no differences between E-HU and C-HU or between E-NHU and C-NHU.

Newly Eliqible Cohorts: Table 4.1.F.5. also summarizes the enrollment trends in the same format for Newly Eligible cohorts. The same trends held as in the Beginning Period Population. For each Newly Eligible cohort, HU were more likely to remain enrolled at each successive annual period than NHU for both the E group and C-Group (t = 38.49, p < .0001).

However, the ratios between HU and NHU were much greater than in the Beginning Period Population. Since the succeeding percentages of HU enrollment are about the same in the Newly Eligible cohorts as in the Beginning Period Population, the effect was due to the fact that NHU were less likely to remain enrolled in the Newly Eligible cohorts than in the Beginning Period Population. For example, the difference between E-HU in the Beginning Period Population and E-NHU in the 84/1 cohort is reliable (68.8% v 55.3%, t = 12.76, p <.0001) as is the difference between the 83/2 and 84/1 C-NHU groups (67.6% v 54.8%, t = 10.32, p <.0001), and similar differences were obtained in the remaining comparisons.

In general, Newly Eligible cohorts were less likely to remain enrolled in subsequent calendar periods than was the case for the Beginning Period Population (see above). This trend held for the NHU subgroups consistently. However for the HU subgroups this was not the case. HU were more likely to remain enrolled whether from the BPP or from the Newly Eligible calendar cohorts.

<u>Profile of High Utilizers: What were the characteristics of the High Utilizer subgroup?</u>

Table 4.1.F.6. summarizes frequency of Medicaid recipients by Diagnosis, Age, Gender, Assistance category, High Medical Utilizer status for the E and C groups pooled over each calendar period.

There were a total of 8,572 High Utilizers (HU) in the E group and 4,378 in the C group. The two right hand columns in Table 4.1. F. 6. summarize the HU and NonHigh Utilizers (NHU) for the E group. HU consituted 14.0% of the overal total of N = 61,078 (8,572/61,078 = 14.0%) for the E group.

A total of 59% of the HU (n = 5,058) had a CMD diagnosis but only 33.1% were NonCMD. CMD represented only 27.6% of the E group. Thus CMD were overrepresented among the HU subgroup and the HU group accounted for 30% of all CMD in the E group (5,058/16,847 = 30.02%).

A total of 69.1% of HU were in the 18-59 age category while the 18-59 category represented only 38.2% of the overall E group. Thus the 18-59 category were overrepresented among HU. HU represented 25.37% of the 18-59 category (5,921/23,336 = 25.37%) but only 10.16% of the 60+ category (497/4,888) in the E group.

A total of the 64% of HU were female while only 56.9% of the E group were female and thus females were slightly over-represented in the HU subgroup. About 15.78% (5,486/34,746 = 15.78%) of females were HU.

For Medicaid Assistance categories, about 51.6% of HU were AFDC. HU however represented only 11.03% of all AFDC (4419/40,045 = 11.03%) and HU were underrepresented in the AFDC category.

About 16.4% of HU received assistance under ABD while ABD represented 10.3% of the E group. Thus HU were over-represented in the ABD and accounted for 22.28% (1,405/6,305 = 22.28%) of ABD assistance.

A total of 24.5% of HU received assistance under the GA category while only 10.7% of the E group were under GA. Thus HU accounted for 32.11% (2,096/6,527 = 32.11%) of GA and those receiving assistance under GA were overrepresented among HU.

Only 7.6% of HU received assistance under OTHER while OTHER accounted for 13.4% of the overall E group. HU accounted for 7.95% of OTHER and the OTHER category was underrepresented among the HU subgroup.

<u>Summary.</u> The HU subgroup in the E group were more likely to have a CMD diagnosis, were more likely to be in the 18-59 age category and were only slightly more likely to be female than the overall distribution in the E group. HU were less likely to be receiving assistance under AFDC or OTHER and more likely to be under ABD and GA than the overall E group.

HU were more likely to remain enrolled on Medicaid than NHU.

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Section 1. G.: Medicaid Enrollment Trends for Mental Health Treatment Users

What percentage of Medicaid enrollees used MHT as some point?

The enrollment frequencies summarized in Section I.A above represented enrollment trends for enrollees randomly assigned to the E and C conditions, respectively, by calendar period and by period of initial Medicaid eligibility.

For these summaries, it is important to note that in any given calendar period, e.g., 84/1, etc., MHT patients (whether OMHT, TFMHT, or Both) may already have had, may be currently having, or will have in the future, an instance of MHT. These frequencies are not organized relative to first instance of MHT but rather disaggregate those who use MHT at some point in the time frame covered by the claims data base. MHT usage within cohorts is discussed below.

Table 4.1.G.1. summarizes Medicaid enrollment for the total E group and for E-NoMHT, for the total C-group and for C-NoMHT and summarizes the percent with NoMHT. The residual percent represent the percent using MHT for each calendar period. Recall that after the 86/2 calendar period newly eligible cohorts were not being randomized into the project. However, new enrollees from the 86/2 cohort could be tracked during the subsequent project data periods.

Within the E group between 86.07% (in the 83/2 Beginning population). and 84.31% (86/2 current period population) had no claim for MHT (E-NoMHT). Thus between 13.94% and 15.69% used MHT at some point in the E group.

Within the C group, between 87.06% (83/2 Beginning population) and 85.61% (86/2 current period population) had no MHT (C-NoMHT) claim. Thus between 12.94% and 14.39% used MHT in the C group.

Phrased differently, for any given current calendar period population between 12.96% and 15.69% of enrollees have had, are having, or will have an instance of MHT. Note that the slight difference between the E and C groups in percent with MHT at some point averaged about 1.3 percentage points within each current calendar period with only slight variation. Since for the E group, MHT usage was disaggregated into three categories (OMHT, BOTH, and TFMHT) rather than only one category as in the C group, the average difference between E and C is roughly accounted for by the numbers of MHT patients with BOTH (allowing for retention rates, below) disagreggated from E-OMHT.

Are Medicaid enrollees who use MHT at some point different than enrollees who don't (NoMHT) in terms of enrollment trends over time?

For ease of presentation, we re-combined the enrollment data by MHT subgroups for E and C. These data are presented in Table 4.1.G.2. Each entry represents the percentage remaining enrolled for each eligibility cohort at

one, two, three, or four years after initial eligibility. In turn, for each cohort, we disaggregated by E-NoMHT, E-OMHT, E-BOTH, E-TFMHT, C-NoMHT and C-OMHT and provided a ratio, e.g., E-OMHT/E-NoMHT, of percentage retained.

Beginning Period Population (83/2):

Control Group. In the C group, for NoMHT (enrollees who never used MHT), 70.4% were still eligible one year later. In contrast, for C-OMHT (enrollees who used MHT at some point), 77.49% remained eligible one year later, a reliable difference (70.4% vs. 77.49%, t = 7.42, p < .0001). By two years later, 56.7% of C-NoMHT remained eligible vs. 67.9% of C-OMHT. At three years later, 46.4% of C-NoMHT and 60.2% of C-OMHT remained. At four years later, 36.0% of C-NoMHT and 50.2% of C-OMHT remained eligible.

As one can see from Table 4.1.G.2., the ratio of the percentages of C-OMHT to C-NoMHT remaining eligible after one year was 1.11 (77.9%/70.4%), i.e., C-OMHT were 111% as likely to remain Medicaid eligible than C-NoMHT. The ratio increases to 120% after 2 years, 130% after three years, and to 139% after four years.

For the Beginning Period (83/2) population randomly assigned to the Control condition for the project, enrollees who used OMHT at some point were more likely to remain on Medicaid than enrollees who never used OMHT. This difference progressed in succeeding years.

Experimental Group. In the E group, 71.2% of E-NoMHT remained eligible after one year while 76.3% of E-OMHT were still eligible, a reliable difference (71.2% vs. 76.39%, t=8.00, p<.0001). At two years later, 56.4% of E-NoMHT and 65% of E-OMHT remained eligible. After three years, 46.0% of E-NoMHT and 55.8% of E-OMHT remained and at four years later 35.2% and 47.2% remained eligible respectively.

Expressed as ratios, E-OMHT were 107%,115%, 121% and 134% more likely than E-NoMHT, respectively, to remain on Medicaid for each successive year. As one would expect this is the same trend as in the C group.

There are four points to make about these results:

The first is that the percent remaining eligible at each annual interval for E-NoMHT was virtually identical with the percents obtained for the C-NoMHT, as one would expect due to the randomization.

The second is that the percent remaining eligible for E-OMHT is slightly smaller than for C-OMHT at each interval and the ratios of percentages remaining eligible are consequently slightly smaller for E-OMHT/E-NOMHT than for C-OMHT/C-NOMHT, but with similar time progressions. As noted above, the difference is due to the disaggregation into OMHT and BOTH in the E group.

The third point is that the results for the E-BOTH (i.e., MHT patients who

went to both OMHT and to TFMHT providers at some point) are striking in contrast to E-OMHT and C-OMHT. Of those enrollees who eventually used MHT from both provider groups at some point, fully 92.8% remained Medicaid enrolled after one year, 87.7% after two years, 78.9% after three years, and 68.1% after four years. E-BOTH recipients were 130%, 155%, 172%, and 193% more likely to remain enrolled at each sucessive year than were E-NoMHT patients.

The fourth point is that the results for E-TFMHT closely follow those for E-BOTH. For patients who used TFMHT (only) in the period covered here, 93.53, 90.2%, 82.4%, and 60.3% remained eligible at each successive year. The ratio of E-TFMHT/E-NoMHT percentages indicated that TFMHT patients were 131%, 160%, 179% and 171% more likely to remain Medicaid enrolled at each successive year than E-NoMHT.

<u>Summary:</u> For MHT users eligible in the Beginning Period Population (83/2), those who used MHT at some point were more likely to remain on Medicaid than NoMHT. Not surprisingly, in light of the outreach efforts targeted to high medical utilizers (who were more likely to remain on Medicaid, above) TFMHT and BOTH patients were even more likely to remain on Medicaid.

<u>Current Period Population--Newly Eliqible Cohorts:</u>

The foregoing results were for the Medicaid population enrolled for Medicaid in 83/2. Do these patterns hold for successive cohorts of Newly Eligible enrollees?

The Medicaid enrollment results for successive cohorts of new enrollees are also summarized in Table 4.1.6.2. by period of initial eligibility (84/1, 84/2, etc.) and by one year, two years, etc. subsequent to initial eligibility.

Consistent with the overall trends, Newly Eligible cohorts (first eligible in 84/1) had smaller percentages remaining eligible than the 83/2 Beginning Period Population (see above).

Control Grow. For the 84/1 Newly Eligible cohort, C-NoMHT had 57.9%, 43.1%, 34.5% and 27.1% remaining enrolled at each later year. In contrast, C-OMHT had 65.6%, 56.8%, 48.0% and 39.9% remaining eligible at each sucessive annual interval.

C-OMHT were 113%, 132%, 139% and 147% more likely to remain eligible respectively than C-NoMHT at each sucessive annual interval.

Experimental Group. For the 84/1 Newly Eligible cohort, E-NoMHT had 59.1%, 43:7%, 36.6%, and 28.0% remaining eligible at each successive annual interval (virtually identical to C-NoMHT, as one would expect due to randomization). Within the E group, E-OMHT had higher percentages remaining eligible than E-

NoMHT with the E-OMHT/E-NoMHT ratio increasing annually.

Enrollees who used both OMHT and TFMHT at some point, E-BOTH, were much more likely to remain enrolled than either E-OMHT or E-NoMHT. The E-BOTH/E-NoMHT ratio increases much more steeply over annual intervals than for either E-OMHT or C-OMHT (comparable to the trends for the 83/2 Beginning Population above).

Finally, E-TFMHT were more likely to remain eligible at each successive annual interval than E-NoMHT (or E-OMHT) with percentages and ratios comparable to those for E-BOTH and E-TFMHT in the 83/2 Beginning Population.

<u>Summary:</u> Each succeeding Newly Eligible cohort reflected similar patterns (with slight variation):

- (1) Relative to the Beginning Population, Newly Eligible cohorts had smaller percentages remaining eligible at each successive annual interval;
- (2) MHT patients (past, current, or future, relative to any given current period) were more likely to remain Medicaid eligible in both the E group and C group;
- (3) Within the E group, E-BOTH patients were much more likely to remain Medicaid enrolled than E-NOMHT or E-OMHT patients;
- (4) TFMHT (only) patients were more likely to remain eligible than E-NoMHT or E-OMHT..
- (5) E-BOTH were more likely to remain enrolled than E-TFMHT patients.

Summary--Enrollment trends and MHT Status:

There are two overall observations worth noting.

The first is that for the 83/2 Beginning Population, 29.6% (in C group) and 28.8% (in E group) of NoMHT patients had departed from Medicaid one year later. For cohorts of Newly Eligible enrollees (84/1 through 86/2), substantially fewer remained on Medicaid one year later. These latter percentages ranged (for C-NoMHT, E-NoMHT, respectively) from 58.9--59.1% (84/1 cohort), 52.6--53.5% (84/2 cohort), 52.0--53.0% (85/1 cohort), 53.4--53.9% (85/2 cohort), 51.1--54.1% (86/1 cohort) and 46.3--48.1% (86/2 cohort).

As with the overall totals (above) smaller proportions of Newly Eligible cohorts remained eligible (larger percentages departed) than in the Beginning Population. Although the average remains around 53%, the trend for percentages enrolled after one year seems to decline with each newer cohort and about 1 out of 2 new enrollees will depart Medicaid by one year later.

Thh second observation is that people who use MHT at some point are less likely to leave Medicaid. To the extent that continued enrollment on Medicaid

may index distress, it seems clear that MHT utilization identifies a subset of enrollees who will continue Medicaid assistance for a longer period of time than the general (NoMHT) Medicaid population. While eventual MHT usage identifies a subset with unique enrollment trends, examination of the relationship (if any) between instigation of MHT and subsequent enrollment entails a comparison of enrollment before and after MHT (below).

Within MHT enrollees, TFMHT patients (including those who also used Both MHT services) were much more likely to remain on Medicaid than either E-OMHT or C-OMHT or than either E-NoMHT or C-NoMHT. It seems that the project's outreach efforts targeted to High Medical Utilizers were successful in attracting patients who were also more likely to remain on Medicaid for longer periods of enrollment. We examine this relationship more fully below.

Section 1. H.: Medicaid Enrollment and Initiation of Mental Health Treatment

When did Medicaid recipients initiate MHT?

Tables 4.1.H.1-3 summarize the frequency of initiation of MHT by calendar period of initial Medicaid eligibility and by calendar period of first MHT visit for the Beginning Period Population (83/2) and for each successive cohort of New Eligibles.

Table 4.1.H.1. summarizes MHT initiation trends for the Control Group. Table 4.1.H.2. summarizes trends for the Experimental group and Table 4.1.H.3. summarizes trends for the E-TFMHT and the E-OMHT.

Control Group:

From Table 4.1.H.1., a total of 3614 C-group recipients initiated MHT or 12.10% (3614/29872 = 12.10%) during the project data period.

A total of 2147 of the MHT users were enrolled in the 83/2 calendar period or prior to the 83/2 period, i.e., about 59.40% were in the the 83/2 Beginning Period Population.

In the BPP, a total of 1389 used 0MHT prior to or during the 83/2 period or 64.69% (1389/2147 = 64.69%) and 35.31% initiated after the 83/2 period.

For the Newly Eligibile cohorts in each calendar period, a total of 1467 initiated OMHT from 84/l through 88/l, inclusive. Newly Eligible cohorts represented 40.59% of all C-OMHT users. Of these, 933 or 63.60% (933/1467 = 63.60%) initiated OMHT in their first six month calendar period of eligibility.

Thus Newly Eligible cohorts represented a smaller percentage of OMHT users than the BPP, but were more likely to initiate MHT in their first period of eligibility.

Experimental Group:

The E group is disaggregated into E-OMHT, E-TFMHT and MHT users who used both at some point, i.e., E-BOTH.

Table 4.1.H.2. summarizes initiation of OMHT by calendar period of initial eligibility and by calendar. period of initiation of OMHT for the E-OMHT, and period of first OMHT for the E-BOTH subgroup, as well as for all OMHT combined .

A total of 7219 of the E-group used OMHT services (including E-OMHT and E-BOTH) or 11.18% of all E group (7219/61,078 = 11.18%) during the project data

period. Of these 7219, n = 680 or 9.42% were in the E-BOTH.

For the E-OMHT (n = 6539), 3796 were in the BPP cohort or 58% of all E-OMHT. Of the BPP, 2438 or 64.22% (2438/3796 = 64.22%) initiated OMHT prior to or during the 83/2 Beginning Period, comparable to the C-OMHT above.

For E-BOTH (n = 680), n = 473 or 69.56% (473/680 = 69.56%) were in the BPP, 83/2 cohort. Of these, n = 368, or 77.80% initiated OMHT prior to or during the 83/2 period, a higher percent than in E-OMHT above or in the C-OMHT.

Among the E-BOTH Newly Eligible cohorts (n = 207), 141, or 68.11% initiated OMHT in their first six month period of eligibility.

<u>E-TFMHT:</u> The period of first initiation of TFMHT is summarized in Table 4.1. H. 3. for the E-TFMHT, \underline{n} = 749, and for E-BOTH, \underline{n} = 680, subgroups. The overall trend is one of increased initiation of TFMHT over calendar periods for both the Beginning Period Population and for Newly Eligible cohorts until the end of the 87/1 phase-out period.

A total of $\underline{n}=478$ of the E-TFMHT or 63.81% (478/749 = 63.81%) were from the Beginning Period Population (see outreach section, above) and n=473 of the. E-BOTH. or 69.56% (473/680 = 69.65%) were from the Beginning Period Population. Thus $\underline{n}=951$ of the 1,444 TFMHT or about 66% of all TFMHT patients were from the 83/2 cohort, in line with the outreach efforts.

E-BOTH: Enrollees predominantly had initiated OMHT prior to the availability of TFMHT. Fewer people in E-BOTH initiated OMHT after the availability of TFMHT than in E-OMHT. Fewer new OMHT visits were initiated in the 87/2 and 88/l periods following closeout of the project than in the 86/l and 86/2 periods in the E-BOTH subgroup, despite the fact that the E-BOTH and the E-TFMHT were more likely to remain enrolled on Medicaid than the OMHT subgroups. The decline in later OMHT mental health treatment visits in the E-BOTH following the initiation of TFMHT is discussed more fully below.

Section 1. I.: Distribution and Characteristics of Mental Health Treatment Users for E and C Groups

The frequency and percent of total enrollment over the project data period by MHT status and by Medical Diagnosis, Age, Gender, Assistance Category, High User status for the C and E groups are summarized in Table 4.1.1.1.

OMHT users:

In general there were no differences between E-NoMHT and C-NoMHT and no differences between E-OMHT and C-OMHT, as one would expect from the randomization procedure.

<u>Medical Diagnoses.</u> For the C-NoMHT group 27.0% were CMD while 37.9% of C-OMHT were CMD. For the E group, E-NoMHT had 25.9% CMD while E-OMHT had 35.9% CMD.

Overall, OMHT were more likely to have a CMD diagnosis than NoMHT for both the E group (35.9% v 25.9%, t = 16.57, p < .0001) and the C group (37.9% v 27.0%, t = 13.16, p < .0001).

Thus E-OMHT were 139% more likely to have a CMD diagnosis than E-NoMHT (35.9%/25.9% = 139%) and C-OMHT were 140% more likely (37.9%/27.0% = 140%). Mental health treatment patients were more likely to include patients with a CMD diagnosis than in the general Medicaid (NoMHT) population.

CDP Diaonoses. About 21.8% and 21.2% of E-OMHT and C-OMHT, respectively, had a CDP diagnosis in contrast to .7% and .8% for E and C NoMHT, respectively. OMHT had higher percentages of CDP than NoMHT for the E group (21.8% v .7%, t = 33.28, p < .0001) and the C group (21.2% v .8%, t = 21.61, p < .0001).

Age. While 58.9% and 58.0% of E-NoMHT and C-NoMHT, respectively, were in the 0-17 age group, only 21.2% and 19.9% of E-OMHT and C-OMHT, respectively, were in this category. The differences between E-OMHT and E-NoMHT (21.2% v 58.9%, t = 60.51, p < .0001) and for C-OMHT and C-NoMHT (19.9% v 58.0%, t = 45.00, p < .0001) were reliable. Thus the 0-17 age category was under-represented among OMHT relative to the population.

In turn, 32.5% and 33.0% of the E-NoMHT and C-NoMHT, respectively, were in the 18-59 age category while 75.4% and 76.2% of the E-OMHT and C-OMHT groups were in this category. These differences were also reliable (75.4% 32.5%, t = 68.08, p < .0001; 76.2% v 33.0%, t = 50.38, p < .0001). Thus the 18-59 age category was over-represented among OMHT relative to NoMHT.

Finally, 8.6% and 9.0% of E-NoMHT and C-NoMHT, respectively, were in the 60+age category. In contrast only 3.4% and 3.9% of E-OMHT and C-OMHT were in

this age category. These differences were also reliable (3.4% v 8.6%, t = 17.10, p < .000l; 3.9% v 9.0%, t = 11.93, p < .000l). In short, the 60t age category was under-represented among OMHT relative to the NoMHT population.

Gender. Females comprised 56.88% of the total E group (34,746/61,078 = 56.88%) and 57.55% of the total C group (17,192/29,872 = 57.55%). However, 57.5% and 58.3% of E and C-NoMHT respectively were female. In contrast only 49.7% and 52.4% of E-OMHT and C-OMHT, respectively, were females. The difference between E-OMHT and E-NoMHT (49.7% v 57.5%, t = 11.11, p < .001) and C-OMHT and C-NoMHT (52.4% v 58.3%, t = 6.70, p < .001) was reliable. Thus relative to NoMHT, females were under-represented in OMHT.

Medicaid Assistance Cateoories. For E-NoMHT and C-NoMHT, 69.8% and 69.2% were under AFDC. In contrast only 35.9% of E-OMHT and C-OMHT were under AFDC. Recall that approximately 53.8% of the E group (above) were in the 0-17 age category and that the 0-17 category were under-represented in OMHT. The latter accounts for the overall under-representation of the AFDC category in OMHT.

Those under ABD were 9.3% and 9.8%, respectively of E-NoMHT and C-NoMHT. However, 16.6% of E-OMHT and 18.7% of C-OMHT were in this category. These differences were reliable between E-OMHT and E-NoMHT (16.6% v 9.3%, t = 16.76, p < .001) and between C-OMHT and C-NoMHT (18.7% v 9.8%, t = 14.52, p < .001). Thus those under ABD assistance were over-represented in OMHT relative to NoMHT.

A similar pattern obtained for GA. Only 6.9% of E-NoMHT and C-NoMHT were under GA while 38.0% and 36.5% of E-OMHT and C-OMHT, respectively were under GA. These differences were reliable for E-OMHT and E-NoMHT (38.0% v 6.9%, t = 60.83, p < .001) and for C-OMHT and C-NoMHT (36.5% v 6.9%, t = 43.17, p < .001). Recipients under GA were over-represented in OMHT relative to NoMHT.

The OTHER category comprised 14.0% of E or C-NoMHT but only 9.4% and 8.9% respectively of E-OMHT and C-OMHT. The differences between E-OMHT and E-NoMHT (9.4% v 14.1%, t = 11.20, p < .001) and C-OMHT and C-NoMHT (8.9% v 14.0%, t = 9.08, p < .001) were reliable. Thus those under the OTHER category of assistance were under-represented in OMHT relative to NoMHT.

High Utilizers. High Medical Utilizers accounted for only 9.4% and 10.4% of the E-NoMHT and C-NoMHT, respectively. However, High Utilizers accounted for 41.8% and 45.9% of E-OMHT and C-OMHT. The differences between E-OMHT and E-NoMHT (41.8% v 9.8%, t = 59.77, p < .001) and between C-OMHT and C-NoMHT (45.9% v 10.4%, t = 46.91, p < .001) were very reliable. Thus High Utilizers of medical services were over-represented among OMHT utilizers.

TFMHT and BOTH users:

<u>Age.</u> TFMHT (only) users had 21% in the 0-17 age category not different from the percent for E-0MHT (21.2%) or C-0MHT (19.9%) above (t < 1.00). As with the 0MHT subgroups above, the TFMHT subgroup had a smaller percentage in this category than did NoMHT groups (t = 39.82, p < .0001).

In contrast, however, the E-BOTH (Medicaid recipients who had OMHT and also used TFMHT) only had 4.7% in the 0-17 age category well below the TFMHT subgroup (4.7% v 21.1%, t = 9.71, p < .0001).

As with the E-OMHT and C-OMHT subgroups above, TFMHT (0nly) had a higher percentage of patients in the 18-59 age category than the NoMHT groups (70.2% v 32.5%; 70.2% v 33.0%, t = 2046, p < .0001). However the percent in this age group was reliably smaller in TFMHT (0nly) than in E-OMHT (70,2% v 75.4%, t = 2.87, p < .05) or in C-OMHT (70.2% v 76.2%, t = 3.38, p < .01).

In contrast the E-BOTH group had a greater percentage in this category than TFMHT (92.5% v 70.2%, t = 11.65, p, .0001) than C-OMHT (92.5% v 76.2%, t = 11.22, p < .0001) or E-OMHT (92.5% v 75.4%, t = 11.24, p < .0001).

Finally, TFMHT (Only) had about the same percentage in the 60t Age category as E-NoMHT (8.7% v 8.6%, t < 1.00) and C-NoMHT (8.7% v 9.0%, t < 1.00). This percentage was reliably greater than in the C-OMHT (8.7% v 3.9%, t = 18.83, p < .0001) or E-OMHT (8.7% v 3.4%, t = 9.08, p < .0001).

In contrast, the E-BOTH had a smaller percentage in this category than the NoMHT groups but at the same level as C-OMHT and E-OMHT.

Gender: The percentage that were females in TFMHT was reliably greater than in BOTH (72.0% v 62.4%, t = 3.86, p < .01), E-OMHT (72.0% v 49.7%, t = 11.96, p < .0001), or in C-OMHT (72.0% v 58.3% t = 10.15, p < .0001).

In addition the percent female was greater in TFMHT than in E-NoMHT (72.0% v 57.5%, t = 8.28, p < .001) or C-NoMHT (72.0% v 58.3%, t = 7.79, p < .0001). Similarly the percentage female in BOTH was also reliably greater than in the OMHT and NoMHT subgroups (t = 6.36, p < .001).

Thus the TFMHT and the BOTH subgroups were more heavily female than either the OMHT or NoMHT subgroups.

Medicaid Assistance Catesories: A total of 61% of TFMHT patients were under AFDC, reliably greater than in E-OMHT or C-OMHT (61.0% v 35.9%, t = 13.11, p < .0001), but reliably smaller than in E-NoMHT or C-NoMHT (t = 4.56, p < .001). In contrast, the percent under AFDC in the BOTH condition was reliably smaller than in TFMHT (28.7% v 61.0%, t = 12.37, p < .0001) and less than in E-OMHT or C-OMHT (t = 3.71, p < .001).

The percent under ABD in TFMHT was not different from that in E-OMHT or C-OMHT

(ts < 1.00) but was greater than in E-NoMHT or C-NoMHT (t = 12.18, p < .001).

However, the percentage of the BOTH group under ABD was reliably greater than in the OMHT conditions (25.9% v 16.6%, t = 5.76, p < .001).

A smaller percent of TFMHT were under GA than in E-OMHT or C-OMHT (t = 14.54, p < .0001). The percent under GA in E-BOTH was the same as in the OMHT groups (ts < 1.00) and much greater than in the NoMHT groups.

As with the OMHT subgroups, for TFMHT and E-BOTH those under the OTHER assistance category were under-represented relative to the NoMHT conditions.

Medical Diagnoses and CDP: For those recipients who received TFMHT, 53.9% had a CMD diagnosis in contrast to E-NoMHT (53.9% v 25.9%, t = 15.90, p < .0001), to C-OMHT (53.9% v 27.0%, t = 15.07, p < .0001), to E-OMHT (53.9% v 35.9% t = 9.45, p < .0001), and to C-OMHT (53.9% v 37.9%, t = 8.08, p < .0001). Thus relative to these groups, TFMHT had a higher percentage of recipients with CMD diagnoses.

The BOTH subgroup had 54.9% with CMD diagnoses, not different from TFMHT (t < 1.00) but reliably greater than in E-OMHT, C-OMHT or than E-NoMHT or C-OMHT (p < .0001)

 $\underline{CDP}.$ TFMHT had a reliably larger percentage of CDP diagnoses than did C-NoMHT (2.4% v .8%, t = 7.11, p < .0001) or E-NoMHT (2.4% v .7%, t = 6.11, p < .0001). However, TFMHT had reliably smaller percentages of CDP than either C-OMHT (2.4% v 21.2%, t= 16.15, p < .0001) or E-OMHT (2.4% v 21.8%, t = 17.12, p < .0001). TFMHT had a larger percentage of CDP than NoMHT but a much smaller percentage than E-OMHT or C-OMHT.

The BOTH subgroup had a higher percent of CDP than either E-NoMHT (17.1% v .7%, t = 8.56, p < .0001) or C-NoMHT (17.1% v .8%, t = 7.49, p < .0001), but a smaller percent of CDP than either E-OMHT (17.1 % v 21.89%, t = 3.11, p < .01) or C-OMHT (17.1% v 21.2%, t = 2.55, p < .05).

<u>High Medical Utilizers (HU):</u> The percent of TFMHT who fell in the HU category was not different from the percent in the E-OMHT subgroup (40.5% v 41.8%) or than in C-OMHT (40.5% v 45.9%). As with the OMHT groups above the percentage of HU in TFMHT was about four times as great as in the NOMHT groups.

The percent of HU in the BOTH subgroup was also higher than in the NoMHT groups and nearly twice as great as in the E-OMHT, C-OMHT and TFMHT subgroups. Thus the BOTH subgroup were more likely to have been high medical utilizers than other mental health patients. Overall, 58.85% of all TFMHT patients were High Utilizers (841/1429 = 58.85%).

Summary: MHT Patients

OMHT patients:

OMHT patients were 140% more likely to have a CMD diagnosis than NoMHT.

About 21.5% of OMHT had a CDP diagnosis compared to less than 1% in the NOMHT.

OMHT had a smaller percentage of children (0-17) and a larger percentage of adults (18-59) than NoMHT. However, there was a smaller percentage of 60t in OMHT than in the NoMHT.

OMHT had slightly smaller percentages of females than in NoMHT.

OMHT patients were more likely to receive assistance under ABD and GA and less likely under AFDC and OTHER than NoMHT.

Finally OMHT had a larger percent in the High Medical Utilizer category than NoMHT.

TFMHT patients:

TFMHT had a smaller percent in the 0-17 age category than NoMHT, while E-BOTH had smaller percentages than TFMHT and OMHT. TFMHT had a higher percent of 18-59 than NoMHT although slightly smaller than OMHT. However, E-BOTH had a larger percent than TFMHT or OMHT. In contrast, TFMHT had a higher percent of 60t than OMHT and about the same as in NoMHT. E-BOTH had fewer than TFMHT and about the same percent as OMHT.

TFMHT had a larger percentage of females than E-BOTH, NoMHT or OMHT, while E-BOTH also had a larger percentage than NoMHT or OMHT.

TFMHT had a larger percent receiving assistance under AFDC than OMHT but less than NoMHT while BOTH had a smaller percent than TFMHT or OMHT. TFMHT had a larger percent under ABD than NoMHT, about equal to that in OMHT. E-BOTH however had a larger percentage under ABD than TFMHT. TFMHT had a smaller percent under GA than OMHT and fewer under OTHER.

TFMHT and E-BOTH had larger percentages with CMD than NoMHT or OMHT. TFMHT had a larger percent of CDP than NoMHT but lower than OMHT. E-BOTH had larger percentages of CDP than NoMHT or TFMHT but less than OMHT.

TFMHT had the same percentage who were High Medical Utilizers as OMHT (greater than NoMHT) while E-BOTH had a much higher percent of HU than NoMHT, OMHT or TFMHT.

Section 1. J.: The Effect of Project Outreach Efforts on Acquisition of High Medical Utilizer Patients

The outreach efforts discussed above (Chapter 3) focused in part on the High Utilizer segment of the Beginning Period Population (83/2). We summarize the case acquisition results in Table 4.1.J.1. for this subgroup.

As with the above enrollment and retention results, the 83/2 High Utilizer subgroup left Medicaid at a lower rate. Of the $\underline{n}=5,072$ in 83/2 fully 52% (2,473/5,072 = 52%) remained enrolled during the 87/1 period four years later. About 40% (2,044/5,072 = 40%) remained enrolled in the 88/1 calendar period five years later.

The second row of Table 4.1.J.1. summarizes the number of High Utilizers from the 83/2 cohort who had TFMHT services by the end of the project clinical services period (87/1). Of the initial (83/2) $\underline{n}=5,072$ High Utilizers in the E group eventually $\underline{n}=498$ received TFMHT services at some point. Thus outreach efforts to this subgroup eventually acquired 9.82% of the original subgroup.

The overall 9.82% penetration rate is a minimal estimate from one perspective of the effect of the outreach efforts. For example by the end of the 84/1 calendar period only 4,227 (83% of the original 83/2 subgroup) were enrolled and hence available for outreach. Of these, 478 or 11.3% (478/4,227 = 11.3%) received TFMHT services during the project. The percentage of the 83/2 subgroup of High Utilizers, still enrolled, who received TFMHT services continued to increase through the project services period (through 87/1) to 15.08% (373/2,473 = 15.08%).

On the one hand, the outreach efforts directed toward the 83/2 subgroup of High Utilizers acquired about 10% of this target subgroup. On the other, when one looks at the total clinical service period, about 15% of all those still eligible in 87/1 from this subset had been seen in treatment. These results suggest that the outreach efforts were successful.

Recall that 841 of the 1429 TFMHT patients were High Utilizers or about 59% of all TFMHT patients (841/1429 = 58.85%). Of this total number of High Utilizers, 498 or 59.2% (498/841 = 59.2%) were from the 83/2 cohort. We note that the total number and percentage of TFMHT High Utilizers, \underline{n} = 841 or 58%, was reliably greater (p < .001) than seen in the E-OMHT (41.8%) or in C-OMHT (45.9%). TFMHT had approximately 140% more High Utilizers than E-OMHT (58.85%/41.8% = 140%) and 128% more than in C-OMHT (58.85%/45.9% = 128%).

Despite difficulty in gaining access to patients' and to high utilizing patients (above), the outreach effort resulted in a case mix for TFMHT with higher proportions of high utilizers, as planned, and a large proportion of these were seen in TFMHT.

Results: Section 2

The Relationship Between Mental Health Treatment and Length of Medicaid Enrollment

The idea that MHT might shorten the length of enrollment on Medicaid was one of the hypotheses that could be assessed by means of the project data. The rationale was that MHT might restore functioning for Medicaid enrollees sufficiently that they might be more likely to move from assistance programs that qualified them for Medicaid.

What we found above (Section 1) from the analyses of the percentage retained on Medicaid, however, was that enrollees who used MHT at some point in the data period were more likely to remain on Medicaid after initial eligibility than enrollees who never used MHT. The difference was striking for the comparison' between E-NoMHT and E-OMHT and between C-NoMHT and C-OMHT. In each comparison OMHT recipients were about 147% more likely to be enrolled four years later than NoMHT.

Medicaid recipients who eventually received TFMHT or BOTH services were even more likely to remain eligible than OMHT recipients.

The second approach here examined the mean length of medicaid enrollment rather than the percent retained on Medicaid at annual periods.

These results are summarized in Table 4.2.1. for each of the disaggregations employed above. Means included are for the mean number of six month calendar periods of Medicaid enrollment (multiplying by 6 provides the number of months). In addition we disaggregated by the Beginning Period Population (83/2 cohort) and by Newly Eligible cohorts (84/1 - 87/1).

<u>Mean Length of Enrollment by Age:</u> Consistent with the percent retention results above, mean enrollment in the 60t age category was 6.47 periods (or 39.02 months) reliably greater than for the 18-59 category (6.47 v 4.90, t = 38.69, p < .0001). In addition, mean enrollment in the 18-59 category was reliably greater than in the 0-17 category (4.90 v 4.79, t = 4.95, p < .001) as one might expect.

The Beginning Period Population (83/2) had longer mean enrollment length than the Newly Eligible cohorts for each age category (t = 73.49, p < .001).

<u>Mean Length of Enrollment by Gender:</u> Females had longer enrollments than males (5.19 v 4.67, t = 52.38, p < .001) and this was also true in the Newly Eligible cohorts (3.86 v 3.55, t = 9.07, p < .001).

<u>Mean Length of Enrollment by Assistance Category:</u> Those receiving assistance under ABO had longer enrollments than those under AFOC (7.14 v 5.01, t = 60.85, p < .0001), under GA (7.14 v 4.35, t = 61.85, p < .0001) or under Other (7.14 v 3.56, t = 78.86, p < .0001).

In turn those under AFOC had longer enrollments than those under GA (5.01 v 4.35, t = 46.03, p < .0001). Those under GA had longer enrollments than those under Other (4.35 v 3.56, t = 18.31, p < .0001). These trends were reliable in the Newly Eligble cohorts as well.

<u>Mean Length of Enrollment by Diagnosis:</u> Mean length of enrollment for CMD was greater than for NonCMD (6.30 v 4.46, t = 76.64, p < .0001). NonCMD (Neither) enrollment was longer than for COP (4.46 v 4.20, t = 4.33, p < .001). The latter clarifies several of the weak tendencies in the percent retention analyses above concerning NonCMD and COP. Thus on the average, CMD recipients were enrolled for 37.80 months, NonCMD for 26.76 months, while COP were enrolled for 25.02 months.

<u>Length of Enrollment by High User Status:</u> High medical utilizers (HU) were enrolled longer than the remaining 85% of the population (6.99 v 4.63, t = 78.66, p < .0001), and this was true in the Newly Eligble cohorts as well.

Mean Lenoth of Enrollment by MHT Status: Mean length of time enrolled (Total Eligibility) on Medicaid is summarized in Table 4.2.2 by MHT status. For the C group, C-OMHT had longer mean enrollment than C-NoMHT (5.72 v 4.84, t=15.64, P<.0001). In the E-group, E-OMHT had longer enrollment then E-NoMHT (5.47 v 4.85, t=14.93, p<.0001). There were no differences between E-NoMHT and C-NoMHT or between E-OMHT and C-OMHT as one would expect. Using a weighted average, OMHT were eligible about 33.30 months while NoMHT were eligible about 29.08 months.

There was no difference between E-BOTH and E-TFMHT (7.42 v 7.18, t = 1.43). However, E-TFMHT had longer enrollments than E-OMHT or C-OMHT (t = 13.98, p < .0001) as did E-BOTH (t = 15.81, p < .0001). Length of enrollment for TFMHT was about 142% of that for C-OMHT.

Beginning Period and Newly Elisible Cohorts: As with the enrollment trends above, the NoMHT enrolless in the BPP (83/2) had longer mean lengths of enrollment than did those in the Newly Eligible cohorts, a reliable difference (5.80 v 3.68, t = 76.70, p < .0001).

Within the BPP and within the NE cohorts, there were no differences between E-NoMHT and C-NoMHT, or between E-OMHT and C-OMHT. E-OMHT and C-OMHT had longer mean enrollments than the respective NoMHT groups and E-TFMHT and E-BOTH had longer enrollments than the respective OMHT and NoMHT groups.

Mean Length of Enrollment Before and After Initiation of MHT:

Mean lengths of enrollment before and after MHT (Eligibility before MHT, Eligibility after MHT) are summarized in Table 4.2.2. for the E and C subgroups and for the Beginning Period Population and Newly Eligible cohorts.

For the entire population (BPP and NE), E-NoMHT and C-NoMHT remained eligible for 4.85 and 4.84 six month periods respectively (and were not reliably different) or about 29.1 to 29.04 months. By definition, the NoMHT groups had 0.00 months of eligibility after MHT since they did not use MHT services. In line with the percentage retained analyses above, OMHT patients (E, C groups) had longer total enrollment than the NoMHT groups (p < .0001).

Consistent with the outreach efforts, E-TFMHT and E-BOTH had longer periods of eligibility prior to initiation of MHT than E-OMHT or C-OMHT. For example E and C-OMHT had about 6.36 months of eligibility prior to initiation of OMHT while E-TFMHT averaged 22.44 months and E-BOTH averaged 18.48 months. These trends held for both the BPP and the NE cohorts (in line with the results concerning initiation of MHT above) and BPP MHT patients had longer periods pre-MHT than NE cohorts.

Mean length of enrollment following MHT appeared shorter for TFMHT patients than for E-OMHT (3.44 v 4.39 six month periods) or 20.64 months v 26.34 months or for the C-OMHT subgroup with 28.02 months of eligibility after treatment. The BOTH subgroup was not different from the OMHT subgroups.

However this conclusion is probably not appropriate for two reasons:

The first is due to the distribution of MHT initiation relative to the project period (and the length of time that enrollees could be tracked). Medicaid enrollee data were available to the project only through the 88/1 calendar half year.

The second is that only 416 patients in TFMHT and Both had been seen by the end of the 85/2 period. Some 430 were seen in the 86/1 and 86/2 calendar periods. For patients who initiated TFMHT in 86/1 there were only four later calendar periods of data collection possible and for those who initiated in the 86/2 only three calendar periods possible.

Apparent length of eligibility may have been truncated for TFMHT relative to OMHT because of the limitation on subsequent tracking periods relative to OMHT. The 86/1 and 86/2 patients may have had apparently shorter mean enrollments following TFMHT only because there were fewer data periods left to track relative to the OMHT distribution.

We re-examined these results more closely in terms of length of enrollment relative to the period of initiation of MHT (whether OMHT or TFMHT). These results are presented in Table 4.2.3. for percentages remaining enrolled after initiation of MHT for the E and C groups and are summarized for the OMHT groups and for the TFMHT and BOTH subgroups.

TFMHT and BOTH patients had higher percentages retained on Medicaid at each

annual period following initiation of MHT than did either E-OMHT or C-OMHT. There were only two exceptions.

The first was for new TFMHT patients in the 85/l calendar period. The percent enrolled two years later (46.8%) was the same as for C-OMHT (45.1%) and E-OMHT (42.5%). The second exception was for patients who began treatment in the 85/2 period where the percent retained was approximately the same as in E-OMHT and C-OMHT. In all cases the BOTH subgroup had much higher percentages retained in each subsequent period. The percentages retained for TFMHT and for BOTH were not different by calendar period of TFMHT initiation.

These results do not let us support the general idea that MHT might shorten length of Medicaid enrollment. Rather MHT users were less likely to leave the Medicaid rolls in general and recipients in TFMHT and BOTH were less likely to depart Medicaid than the OMHT subgroups.

The outreach efforts (above) were directed in part to high medical utilizers particularly from the 83/2 Beginning Period Population. Of the 50,844 Medicaid enrollees in the 83/2 period randomized into the project 478 eventually received TFMHT and 473 had OMHT and TFMHT at some point.

As we have seen, Medicaid enrollees from the BPP (83/2) were, in general, less likely to leave Medicaid than Newly Eligible cohorts. The outreach efforts resulted in the fact that patients from the 83/2 Beginning Period population accounted for 70% of all TFMHT patients. In short, the outreach effort not only produced a larger percentage of High Utilizers (above), but also a much larger percentage of longer term enrollees who were less likely to depart from Medicaid in any event. This was especially true for males under ABD assistance who formed a substantial proportion of TFMHT and E-BOTH for example relative to NoMHT.

We also examined the reasons for departure from Medicaid. Medicaid recipients left Medicaid for a variety of reasons including moving away and death. The primary reason however, was loss of eligibility for the public assistance program which qualified them for Medicaid. However some enrollees left due to increased income, employment or functioning and were no longer eligible for assistance. We examined whether MHT patients who departed had higher percentages who did so due to increased functioning.

However, at the outset we note the overall unreliability and incompleteness of data regarding reasons for departure from Medicaid. Similarly these data could not be easily merged with the main claims and cost data file patient by patient. We could, however, identify recipients in the departure file who were high medical utilizers (HU) or not high utilizers (NHU), and whether the recipient had used MHT prior to or in the Beginning Period (83/2) and whether recipients sued TFMHT at a later point.

The results in Table 4.2.4. summarize all Medicaid enrollees from the 83/2 period through the 87/2 period. A departure is represented as not being Medicaid eligible on Jan. 1, 1988. We cross-tabbed departures in terms of three variables, Medical utilization (High Utilizers and Not-High Utilizers) in the 83/2 Beginning Period, whether recipients were mental health users or

not in the Beginning period (OMHT) and whether enrollees eventually were in TFMHT.

The results summarized in Table 4.2.4. reflect the enrollment and retention analyses above. High Medical utilizers were less likely to depart from Medicaid as above. OMHT and TFMHT users were less likely to depart from Medicaid as above and TFMHT patients were reliably less likely to depart than OMHT. In line with the retention and percentage of high utilizers the TFMHT patients were not a randomly selected subset of the population due to the outreach efforts. Instead, Medicaid beneficiaries outreached most vigorously (and successfully) were unusually high users of medical services and much less likely to depart from Medicaid than other subsets of recipients.

Despite this strong tie to Medicaid among TFMHT patients, those who left Medicaid were more likely to do so for reasons indicating a return to successful social functioning than were the rest of the Medicaid population. Table 4.2.5. reports the percent who left for these positive reasons.

A higher percent of enrollees who were High utilizers and had used OMHT in the 83/2 (or previously) beginning period, and eventually had TFMHT services left Medicaid for positive reasons (24.2% v 14.1%, p < .0001) than those who used OMHT (Other Medicaid in the table). The same results occured in the Not High User-Not MHT user (in the Beginning Period) subgroup which includes 91% of all departures from Medicaid. About 23.4% of TFMHT departures were for these positive reasons in contrast to 15.3% in the overall Medicaid population available to the project.

In short, MHT patients were less likely to depart Medicaid. and TFMHT patients were less likely to depart than MHT patients in general. However, for those who did depart, a higher percentage did so for positive reasons than was the case for other MHT patients or for the general Medicaid population tracked by the project.

Another important result can be seen by examining only those who did not use TFMHT. Among High Utilizers in the Beginning Period who left Medicaid, those who did not use mental health services were more likely to leave for these positive reasons than those who used MHT (17.6% v 14.1%, p < .0099). The same is true among the Not-High Utilizers (15.3% v 11.4%, p < .0092). It seems clear that, in general, MHT utilization reflects or indexes people who are in distress (as noted above) and are less likely to leave Medicaid and are less likely to do so as a result of increased income employment or functioning.

These results suggest that utilization of MHT indexes Medicaid recipients who are in greater distress than NoMHT recipients and that these recipients remain more strongly tied to Medicaid. Thus High Medical Utilization, CMD diagnoses, assistance under ABD and GA, and MHT utilization are each factors (not necessarily independent) that predict longer retention on Medicaid. Due to the project's successful outreach efforts targeted to high utilization, TFMHT patients were less likely to depart since the case mix included higher percentages of recipients with these factors. Among those who did depart however, a larger percentage did so for positive reasons.

Section 3.

Medical Costs for Medicaid Enrollees in Each Calendar Period

Overvi ew:

Section 3 provides an examination of average medical costs for Medicaid enrollees in each calendar period population as summarized in Table 4.3.A.1. The Beginning Period Population (83/2) was comprised of all recipients available to the project who were enrolled for the six month period. Later calendar period populations were comprised of residuals from each preceding calendar period plus Newly Eligible cohorts. The calendar periods of 87/1, 87/2, and 88/1 were comprised simply of residual enrollees since Newly Eligible cohorts were not randomized into the project after the 86/2 period.

Mean medical costs are also disaggregated within the E and C'groups by mental health treatment (MHT), i.e., recipients who had had, were having or eventually had MHT at a future point. This summary does not permit an examination of the effect of MHT on medical costs, as a result. The latter is examined by looking at medical costs before and after initiation of MHT, i.e., relative to MHT (Section 4 below).

Medical costs summarized in this section are not adjusted for inflation (are not in constant dollars) and are based upon different people in each calendar period (see above). Each entry represents actual (nominal) medical costs for that group in that calendar period. This presentation is similar to the aggregations or presentations in a State budget review or planning document.

Section 3. A. examines overall aggregated trends.

<u>Section 3. B.</u> examines medical costs by Gender and Mental Health Treatment status in each of the ten calendar data periods.

<u>Section 3. C.</u> examines medical costs by Chronic and Non Chronic medical diagnoses, chemical dependency and mental health treatment status.

<u>Section 3. 0.</u> examines medical costs by Age and mental health treatment status.

<u>Section 3. E.</u> examines medical costs by Assistance category and mental health treatment status.

Section 3.A.: Overall trends

As presented in Table 4.3.A.1., using the 83/2 period as a base, medical costs increased over time for both the E group (see the E-Total line) and C-group (C-Total line). Mean costs in the 84/2 calendar population were about 102-3% of those for 83/2, increasing to 111%-115% for 85/2, and to 134%-140% for the 86/1 period population.

For the OMHT subgroups (in both E and C), the rates of increase were not as great as the overall (86/2 = 123%) and 117% respectively) because medical costs in OMHT in the 83/2 calendar period population were already greater (see below) than the average in the overall Medicaid population. Similarly neither the TFMHT (Only) nor the Both subgroup rose as rapidly for the same reason.

While it is difficult in this format to compare medical costs across calendar periods, we can examine costs within any given calendar period such as the Beginning Period Population (83/2) in Table 4.3.A.1. The p values for these comparisons are summarized in Table 4.3.A.2.

Beginning Period Population (83/2):

As one would expect due to randomization there was no overall difference for mean medical cost between the E group (\$450) and the C group (\$471).

However, for those recipients who did not use MHT (NoMHT), the difference between E-NoMHT and C-NoMHT was of borderline reliability (\$386 v \$418, t = 1.76, p < .07).

Within the C group, C-OMHT users had higher medical costs than C-NoMHT (\$827 vs. \$418, p < .001). Thus C-OMHT costs were 198% of C-NoMHT (\$827/\$418 = 198%). Similarly, E-OMHT medical costs were greater than in E-NoMHT (\$774 vs. \$386, p < .001). Medical costs in E-OMHT were 200% of costs in E-NoMHT (\$774/\$386 = 200%).

As one would expect due to randomization, there was no reliable difference between C-OMHT and E-OMHT (\$827 v \$774).

Within the E group, eventual TFMHT (0nly) patients had higher medical cost histories than E-NoMHT (\$928 v \$386, p < .001) by about 240%. There were no reliable differences between TFMHT and E-OMHT.

Patients who used OMHT and eventually used TFMHT, the E-BOTH subgroup, had reliably greater medical costs than E-OMHT (\$1306 v \$774, p < .0001) or TFMHT (\$1306 v \$928, p < .006). The E-BOTH costs were 338% of those in E-NoMHT (\$1306/386 = 338%) and 312% of those in C-OMHT (\$1306/\$418 = 312%).

Thus the project's outreach efforts led to TFMHT patients (including E-BOTH) with higher medical cost histories from the Beginning Period Population (83/2).

<u>Calendar Period Populations:</u>

Within each calendar period population the same relationships held as Table 4.3.A.2. summarizes. Overall, the E group had reliably lower medical costs than the C group in only three out of ten calendar periods (84/1, 86/2, 87/1). These differences appear to be driven by differences between the E-NoMHT and C-NoMHT subgroups where differences between E-NoMHT and C-NoMHT were reliable four out of ten periods.

Within calendar periods, C-OMHT had higher medical costs than C-NoMHT. Within calendar periods, E-OMHT had higher medical costs than E-NoMHT.

TFMHT medical costs were higher than E-NoMHT, and E-BOTH medical costs were higher than E-NoMHT and E-OMHT. The E-BOTH subgroup had reliably greater medical costs than E-TFMHT in seven of the ten calendar periods for which we have cost data.

Summary-- Calendar Period Medical Costs by MHT Status:

The pattern of comparisons within subsequent calendar periods reflects about the same trends for mean cost as for the 83/2 population. Enrollees who used OMHT had higher medical costs than NoMHT. TFMHT patients had higher costs than NoMHT and E-BOTH had higher costs than E-OMHT-and E-TFMHT.

Several points emerge from the 83/2 Beginning Period Population. Those enrollees who have or will use mental health services (OMHT) under Medicaid provisions had higher medical costs than enrollees who never used MHT (NOMHT) services by about 200%.

In turn, those enrollees who will use TFMHT services at some point had medical costs about 240% greater than enrollees who never used mental health services. Similarly those TFMHT enrollees who had also used OMHT services (BOTH) had medical costs 338% greater than NoMHT enrollees in the E group and 312% greater than enrollees in the C-NoMHT.

The project outreach efforts (above) targeted to High Utilizers in the 83/2 population resulted in larger percentages of high medical utilizers in TFMHT than in the NoMHT (E and C groups) and for TFMHT and BOTH taken together, higher percentages than in OMHT (E and C groups). The outreach effort by design resulted in a TFMHT patients having higher mean medical costs.

Section 3. B.: Medical Costs by Gender and MHT Status

Medical costs are summarized in Table 4.3.8.1. by gender and by MHT status for the E and C groups. The probability values for reliability of comparisons within gender subgroups for current period populations are summarized in Table 4.3.8.2.

Overall, females had higher medical costs than males. We pooled (weighted average) the E-total and C-total for females and compared these with males (also in Table 4.3.B.l.). For example, for the 83/2 calendar period population, medical costs for females were \$474 vs \$432 for males (t = 2.60, p <.01) and female medical costs were about 110% of those for males.

For the 84/2 calendar population females were about 114% greater than males (\$493 v \$431, t=3.38, p<.01). For the 85/2 period females were about 120% greater than males (\$561 v \$464, t=5.17, p<.001) and for 86/2 about 112% greater than males (\$652 v \$583, t=3.27, p<.01).

<u>Females.</u> Within the female subgroup there were three periods with reliable differences between E-NoMHT and C-NoMHT (84/1, 86/2, 87/1) in each case with C-NoMHT higher than E-NoMHT.

As with the overall analysis of costs (above), OMHT users had higher medical costs than NoMHT in both the C group (p < .0001) and E groups (p < .0001).

Similarly, females who used TFMHT at some point had higher medical costs than E-NoMHT (p < .005 - p < .0001, depending on calendar period). However there was no reliable difference between the E-TFMHT and E-OMHT except for the 83/2 period. Females in the BOTH subgroup had higher costs than E-NoMHT (p < .0001), and E-OMHT (p < .0001 to p < .073, depending on calendar period). Finally, E-BOTH had reliably higher medical costs than E-TFMHT five out of the seven calendar periods randomized into the project.

<u>Males.</u> Similar trends were obtained for males. Within the male subgroup there were two calendar periods with the overall C group reliably higher in cost than the E group and four periods (out of ten) where the C-NoMHT was reliably higher in cost than the ϵ -NoMHT subgroup.

As with the overall trends and with females, males who used OMHT at some point had higher medical costs both within the C group and within the E group. Patients who eventually used TFMHT also had higher costs in each calendar period than E-NoMHT but did not differ reliably from E-OMHT (except for one period). Male patients in the BOTH subgroup had reliably higher medical costs than E-OMHT in six out of seven periods and higher than E-TFMHT four out of seven periods.

Section 3. C.: Medical Costs by Medical Diagnoses (CMD, NonCMD, or CDP) and Mental Health Treatment status.

<u>Trends Between Diaonosis Groups:</u> Medical costs disaggregated by Diagnosis (CMD, CDP, NonCMD) and MHT status for the E and C groups are summarized in Table 4.3.C.1. The probability values for various comparisons within Diagnosis subgroups are summarized in Table 4.3.C.2.

Within the CMD, COP or NonCMD subgroups there were no reliable overall differences between the E and C groups (with only one exception in the NonCMD group in the 84/1 calendar period).

Two overall trends between Diagnosis subgroups emerged. The first was that consistently in each calendar period, the CMD subgroup had much higher medical costs than the NonCMD subgroup. For ease of presentation we pooled the E and-C groups (Total) within the CMD and NonCMD for these comparisons. The same patterns emerge if one does the comparisons separately for E and C between Diagnosis subgroups.

In the 83/2 calendar period, CMD had medical costs 248% of those for NonCMD (\$731 v \$295, t = 25.64, p < .0001). Similar differences ocurred in the 84/2 period (\$750 v \$307, t = 23.34, p < .0001), the 85/2 period (\$853 v \$316, t = 22.79, p < .0001) and the 86/2 period (\$1046 v \$377, t = 24.40, p < .0001).

The second point was that enrollees with a CDP diagnosis had higher medical costs than the CMD subgroup by about 135% in the 83/2 period (\$987 v \$731, t = 4.76, p < .001) and about 334% higher than the NonCMD subgroup.

In the 84/2 calendar period while there was no difference between CDP and CMD (\$672 v. \$750), CDP was 219% greater than the NonCMD subgroup (\$672 v. \$307, t = 6.70, p < .001).

Similarly in the 85/2 calendar period, CDP had 115% greater costs than CMD (\$999 v \$855, t = 2.48, p < .05) and 314% higher than NonCMD (\$999 v \$316, t = 9.42, p < .0001). For 86/2, CDP costs were not higher than CMD (\$1081 v \$1096) but were 302% greater than NonCMD (\$1081 v \$377, t = 11.68, p < .0001).

As one might expect recipients with one of the four chronic medical diagnoses (CMD) had higher medical costs in any given calendar period than the NonCMD subgroup ranging from 244% to 285% greater. The CDP subgroup also had higher medical costs than the NonCMD subgroup, ranging from 334% to 319% of NonCMD costs. Medical costs for the COP subgroup were as high or higher than for CMD for all but two of the calendar periods.

<u>Jrends within Diagnosis Groups:</u>

NonCMD (Neither) Group: In the C group those who sought OMHT at some point had reliably greater medical costs than the C-NoMHT (p < .01 to .0001) in each calendar period. Similarly in the E group, those who sought OMHT had reliably

greater medical costs than E-NoMHT (p < .0001) in each calendar period.

Within the E group those who eventually received E-TFMHT also had greater costs than E-NoMHT although the differences were not reliable in several calendar periods. We note that in the 86/2 and the (residual) 88/1 periods, TFMHT costs were lower than E-NoMHT (86/2: \$268 v \$345, p < .015; 88/1: \$355 v \$407, p < .05). TFMHT costs were generally lower than E-OMHT and reliably so in the 86/2, 87/1, and 88/1 calendar periods.

Enrollees in E-BOTH had reliably higher medical costs than E-NoMHT in each of the ten calendar periods (p < .035 - p < .0001), reliably higher medical costs than E-OMHT in four calendar periods, and reliably higher medical costs than E-TFMHT in eight calendar periods.

Chronic Medical Diagnosis Group: E-NoMHT had reliably lower medical costs than C-NoMHT in the 84/1, 86/2 and 87/1 calendar periods. The distribution of the differences helps account for a similar difference obtained above. C-OMHT had reliably higher costs than C-NoMHT in each calendar period by an average of between 180% (83/2) and 130% (86/1). Similarly E-OMHT also had reliably greater medical costs than E-NoMHT in each calendar period ranging between 150% and 180% greater.

TFMHT patients had reliably greater costs than E-NoMHT for each calendar period ranging between 195% and 150% greater. There were no reliable, differences between TFMHT and E-OMHT however.

Enrollees who eventually used BOTH services also had reliably higher medical costs than E-NoMHT in each calendar period and reliably greater costs than E-OMHT in five calendar periods. There were no reliable differences between E-Both and E-TFMHT however.

Chemical Dependency (CDP) Group: Although there were no reliable differences between C-OMHT and C-NoMHT for any calendar period, we note that for all calendar periods except 83/2 and 84/2 mean medical costs for C-OMHT were less than for C-NoMHT by as much as 14% (85/1) to 55% (86/2). Similarly, E-OMHT costs were lower than E-NoMHT in all but two of the calendar periods. Clearly the relatively small \underline{n} s for CDP limited the reliability of these differences.

Medical costs for TFMHT were reliably lower than E-NoMHT in five calendar periods and were borderline for 84/1 and 84/2. TFMHT had reliably lower medical costs than E-OMHT for five calendar periods and borderline differences for three others.

Those in E-BOTH had reliably greater costs than E-NoMHT in three calendar periods. E-BOTH also had reliably greater costs than E-OMHT in five calendar periods and reliably greater costs than TFMHT in seven calendar periods.

Section 3. D.: Medical Costs by Age Cateoory

Table 4.3.D.1. summarizes medical costs by age category and Table 4.3.D.2. summarizes the <u>p</u> values for comparisons between means. There were no reliable differences between the E and C groups within the three age categories.

For the 83/2 Beginning Period Population, the 0-17 age group had reliably lower costs for both E and C than the 18-59 age group (\$199 v \$748, t = 31.75, p < .0001). The 60t Age group had lower costs for both E and C groups than the 18-59 Age group, although the difference was boaderline (\$678 v \$748, t = 1.92, p < .07).

For the 86/2 calendar period the 60t Age group had reliably greater costs than the 18-59 Age group (\$1,404 v \$875, t=10.05, p<.0001). Relative to 83/2, the 86/2 costs for the 60t group were 207% greater for E and C. For the 18-59 Age group costs were about 117% greater.

For the 86/2 calendar period the 0-17 Age category continued to have reliably lower costs than the 18-59 Age category (\$286 v \$875, t = 29.45, p < .0001). Costs increased about 144% (286/199 = 144%).

The 0-17 Age Group. As summarized in Table 4.3.0.2, within the 0-17 Age category, C-OMHT had (nearly reliable) greater costs than C-NoMHT in two out of the ten data periods. The E-OMHT subgroup had reliably greater costs than E-NoMHT for five calendar periods. E-TFMHT had reliably greater costs than E-NoMHT in three calendar periods. E-TFMHT had reliably greater costs than E-OMHT only in the 83/2 period. The E-BOTH had reliably greater costs than E-OMHT in three periods.

<u>The 18-59 Age Grout.</u> There was only one calendar period (84/1) in which the E group had reliably lower costs than the C group and that seems driven by the reliable difference between the E-NoMHT and C-NoMHT.

In each calendar period, C-OMHT had greater medical costs than C-NoMHT, e.g., by about 150% in the 83/2 period (1025/681 = 150%) and ranged up to 162% greater in the 86/1 calendar period.

Similarly E-OMHT had reliably greater costs than E-NoMHT in each calendar period by about 151% in most of the periods.

The 60+ Age Cateoorv. There were few-reliable differences within the 60t age group. There were no differences between C-OMHT or E-OMHT and E-NoMHT. In contrast to the 18-59 age group above, mental health treatment enrollees did not have higher medical costs than NoMHT. Mean medical costs for this age group were already elevated relative to the other age groups perhaps attenuating differences among subgroups.

Section 3. E.: Medical Costs by Assistance Category

Medical costs for enrollees receiving assistance under AFDC, ABD, GA, or OTHER are summarized by calendar period in Table 4.3.E.l. and the ${\tt p}$ values for comparisons are summarized in Table 4.3.E.2.

Although there is some variation among calendar periods, average medical costs increased from the 83/2 to the 86/2 periods as we have seen above. Costs for enrollees under AFDC rose 114% (E group, \$363/\$314 = 114%) and 105% (C group). Mean costs for ABD rose 138% (E group) and 136% (C group). For GA, costs rose 109% (E group) and 125% (C group). Costs in the OTHER assistance category rose 193% (E group) and 242% (C group) during the same period.

For the 83/2 Beginning Period Population, using weighted averages for E and C groups, mean medical costs for AFDC were lower than for ABD (\$813 v \$323, t = 24.20, p < .0001), lower than GA (\$323 v \$841, t = 26.04, p < .0001), and lower than the OTHER category (\$323 v \$571, t = 11.68, p < .0001).

Mean costs were higher in GA than ABD but not reliably so (\$841 v \$813, t < 1.00). Mean medical costs for GA were higher than for the OTHER category (\$841 v \$571, t = 5.56, p < .0001).

The above relationships for medical costs among assistance categories generally held over calendar periods. One exception however, was that by the 86/2 calendar period medical costs for the OTHER category were greater than GA at least within the C group (\$1408 v \$998\$, t = 3.79, p < .01).

The AFDC Catesory. The difference between E and C in the 84/1 calendar period seems driven by the difference between the E and C NoMHT. There were no E and C differences in the remaining 9 calendar periods.

In the E and C groups enrollees who used OMHT at some point had reliably greater medical costs than NoMHT for each calendar period.

Those who eventually used TFMHT had reliably greater costs than NoMHT and there was no difference between TFMHT and OMHT. The E-BOTH subgroup had reliably greater costs than OMHT in five calendar periods and greater costs than OMHT in six calendar periods.

The Aged, Blind or Disabled Cateoorv. Within the ABD category, there were no differences between E and C groups. C-OMHT had reliably greater medical costs than C-NoMHT in three of the calendar periods. Similarly, E-OMHT had greater costs than E-NoMHT in five of the calendar periods.

TFMHT had reliably greater costs than E-NoMHT in seven calendar periods including two of the residual periods (87/2, 88/1) when new enrollees were not added to the project. In addition, TFMHT had greater costs costs than E-OMHT in six calendar periods including the 87/2 and 88/1 residual periods. Finally, the E-BOTH subgroup had greater costs than E-OMHT in five periods.

The General Assistance Category. Within the GA category there was no difference between between the E and C groups. However, C-NoMHT had reliably greater costs than E-NoMHT in the last three clendar periods. C-OMHT had reliably greater costs than C-NoMHT in eight calendar periods and marginally reliable in the remaining two periods. E-OMHT had reliably greater costs than E-NoMHT in all ten calendar periods.

TFMHT had greater costs than E-NoMHT in seven calendar periods but was not greater than E-OMHT. There were reliable differences between the E-BOTH and E-OMHT in five calendar periods. E-BOTH had higher costs than TFMHT in two calendar periods.

The Other Assistance Category. The E group had reliably lower costs than the C group in four of the ten calendar periods. Recall that the percentage increase in the C group was much greater than in the E group from 83/2 - 86/2 resulting in reliably greater medical costs- in the 86/2, 87/2 and 88/1 calendar periods. Similarly E-NoMHT had greater costs than E-NoMHT in four fo the calendar periods,. There were no reliable differences between 'E-OMHT and C-OMHT. C-NoMHT had reliably greater costs than C-OMHT in three calendar periods and nominally greater costs in all periods, a reversal of the pattern for most subgroups. Similarly, E-OMHT had lower costs than E-NoMHT (in all but two calendar periods, 85/1, 85/2) although reliable only for three periods.

Results: Section 4

Medical Cost Trends Relative to Initiation of MHT

Overvi ew

The results in this section represent cost of medical services and change in cost relative to the initiation of MHT. As we noted above, these results are organized for patients with varying periods of continuous eligibility for Medicaid assistance. Patients were grouped as patients with at least six months eligibility before and after the six month period in which MHT was initiated (a total of 18 months continuous eligibility), twelve months before and after (30 months eligibility), 18 months before and after (42 months of continuous eligibility) and 24 months before and after the period in which MHT was initiated (54 months of eligibility).

In each case medical costs pre-MHT represent the mean cost in that respective pre-MHT period (6, 12, 18, 24 months) and were subtracted from the mean cost for each respective period following MHT to form a change score. Thus a positive change score represents an increase in medical costs and a negative score represents a decrease in medical costs.

All costs are in 1983 constant dollars since patients initiated MHT throughout the data period. Thus nominal or actual costs changed from year to year and pooling untransformed cost data from one year with that from another would obscure trends.

These medical cost data do not include costs for MHT whether provided by OMHT or TFMHT providers. Since patients may have initiated MHT at any point and continued during the data period, MHT costs would only distort the picture for medical costs. Thus we can compare NoMHT, OMHT and TFMHT on the same basis, i.e., medical costs.

However, we examine the number of MHT visits in Results, Section 5, and the relationship between cost of MHT and change in medical costs in Results, Section 7.

The results are aggregated over all recipients but are disaggregated by E and C groups and by MHT status within E and C (E-NoMHT, E-OMHT, E-TFMHT, E-BOTH, C-NoMHT and C-OMHT). In light of the discussion above, the appropriate baseline by which to examine the effects on medical costs due to TFMHT and BOTH is the C-NoMHT and C-OMHT. However, we present all comparisons.

Section 4 is organized as:

<u>Section 4. A.</u> summarizes the analyses aggregated over all patients by longitudinal eligibility cohorts (18, 30, 42, and 54 total months of continuous Medicaid eligibility) and disaggregated by MHT status (E-NoMHT, E-OMHT, E-TFMHT, E-BOTH, C-NoMHT, and C-OMHT). This first set of analyses simply asks whether there are overall effects due to OMHT and to TFMHT aggregated over all patients.

<u>Section 4. B.</u> summarizes analyses disaggregated by MHT status and by the three Age categories (0-17, 18-59, 60t years).

<u>Section 4. C</u> summarizes analyses disaggregated by MHT status and by the three Medical Diagnosis Categories of CMD, Neither (NonCMD) and CDP.

<u>Section 4. D.</u> summarizes analyses disaggregated by MHT status and by Medical Utilization level (High User, Non High User).

Section 4. E. summarizes analyses disaggregated by MHT status and Gender.

Section 4. A.: Aggregated Analyses of Cost trends Relative to the Initiation of MHT in the Longitudinal Eligibility Cohorts

There are several general points to note. The results for the aggregated analysis are summarized in Table 4.4.A.l. A total of 54,595 Medicaid recipients were continuously eligible for at least 18 months during the data period (six months pre-MHT, the six month MHT period, and six months after the MHT period).

Aggregated Analyses of Medical Cost Trends in the Six Month Pre and Post MHT Longitudinal Cohort:

For these analyses a total of 1,096 TFMHT (E-TFMHT and E-BOTH) patients were "captured" in the six-month group, about 76% of all project patients. The remaining 333 patients were eligible for shorter periods (e.g., only the six month period in which MHT was initiated, or only intermittently, making a change score impossible to determine).

Overall costs in the population ("whole population") increased by \$19 from a mean of \$441 to a mean of \$460, and increase of 4.31% in 1983 constant dollars. This increase was reliably different from zero change (+\$19 v 0.00, t = 2.17, p < .05).

Consistent with the results from the calendar period cost analyses (above), costs increased less in the overall E group than in the overall C-group (+\$7 v +\$45, t = 2.08, p < .05). Similarly it appears that this difference reflected factors within the NoMHT Medicaid groups in that the E-NoMHT increased less than the C-NoMHT group (+\$15 v +\$46, t = 1.65, p < .10).

Within the E group, the overall effect of MHT on costs can be assessed by comparing the overall E group mean change with mean change in the E-NOMHT, i.e., with the three E mental health treatment groups disaggregated. Thus the E group mean of +\$7, is more than doubled to an increase of +\$15.00 in E-NoMHT. In this sense, the three mental health treatment groups (E-NoMHT, E-TFMHT, E-BOTH) reduced the mean increase in the overall E group by more than half, i.e., from +\$15.00 to +\$7.00.

<u>Medical Costs Pre-MHT:</u> Recall that the costs and change in costs do not include costs for MHT, thereby permitting comparisons on the same basis of cost of medical services.

Medicaid recipients who used MHT had higher medical costs in 1983 constant dollars than recipients who never sought MHT (NOMHT), a common empirical finding in the literature for employed and fee for service populations.

For example, in the six month cohort, pre-MHT period medical costs for C-OMHT were almost double those in C-NoMHT (803 v 425, t = 5.96, p < .001).

Similarly, pre-MHT medical costs for E-OMHT were also greater than for E-NoMHT (744 v 405, t = 7.19, p < .0001).

As we should expect due to the project outreach efforts targeted to higher utilizers of medical services, pre-MHT costs in TFMHT were reliably greater than in E-NoMHT (922 vs. 405, t=6.64, p<.0001) or C-NoMHT (922 v 425, t=6.33, p<.0001). In turn, pre-MHT costs for E-BOTH were reliably higher than TFMHT (1,241 v 922, t=2.90, p<.005).

In short, within the Medicaid population available to the project, those who sought mental health treatment had medical cost histories about twice as high as recipients who never used MHT. Within that context, the project outreach efforts resulted in patients with cost histories nearly triple those of the NoMHT patient groups and about 50% higher than those for patients who used only OMHT services.

<u>Change in Medical Costs:</u> We have kept the TFMHT and the BOTH subgroups disaggregated for illustrative purposes. However, in order to assess the effect of project mental health services on medical costs, we simply used the average of the two groups for these analyses. For the most part the results change little whether the analyses are handled with E-TFMHT and E-BOTH disaggregated or pooled.

Relative to the baseline provided by the C-NoMHT, E-TFMHT and E-BOTH showed reliable reductions in medical costs (-82, -149 v t46, t = 2.60, p < .02). The difference between C-NoMHT and C-OMHT was not reliable (t46 v t39, t < 1.00), however.

In contrast, E-OMHT declined in costs relative to E-NoMHT (-93 v t15, t = 2.09, p < .05). Similarly, the TFMHT and BOTH reduced costs relative to the E-NoMHT (-82, -149 v t15, t = 2.13, p < .05).

There is no immediate explanation for the difference in cost change between E-NoMHT and C-NoMHT (t15 v t 46, t = 1.62, p < .11) or for the apparent difference between E-OMHT and C-OMHT, although the difference is only weakly reliable (-93 v t39, t = 1.55, p < .13).

<u>Summary:</u> Regardless of whatever factors may have been driving these differences, and regardless of which subgroup one uses for a baseline comparison as a result, mental health treatment provided by the project reliably reduced medical services costs in the six months following the six month period in which TFMHT was initiated by about 9% in the E-TFMHT (-82/922 = 8.89%) and by 12% in the E-BOTH (-149/1241 = 12.00%).

Resression: Without digressing into a discussion of potential statistical regression artifacts, we note that there are two considerations that make regression unlikely as an explanation for changes in medical costs here. The first is that the trends below hold reliably as we move through longer time spans of medical cost histories. While one could argue that extreme scores based on one six month data point, as in the pre-MHT above, might be more likley to regress in a single subsequent six-month period, it is

unlikely that the artifact could hold as one looks at comparisons spanning 12, 18, and 24 months before and after the MHT period.

The second is simply that not all groups with extreme scores changed negatively, as in the C-OMHT. Similarly differences in extremeness of pre-MHT costs were not related to differences in change. For example, reliable pre-MHT medical cost differences did not result in differential change between C-OMHT and C-NoMHT (t < 1.00), E-OMHT and TFMHT (t < 1.00) E-OMHT and E-BOTH (t < 1.00) or E-TFMHT and E-BOTH (t < 1.00). In short, empirically, differences in extremity of pre-MHT medical costs were not reliably related to differences in change in medical costs.

These two sets of considerations make regression explanations less likely in terms of these results. We leave this issue for later discussion, as needed.

Aggregated Analyses of Cost trends in the Twelve Months Pre and Post-MHT group:

The results summarized in Table 4.4.A.1. also contain costs and change in costs for Medicaid recipients eligible for 12 months pre and post-MHT.

<u>Medical Costs Pre-MHT</u>: There was no difference in medical cost levels between E-NoMHT and C-NoMHT (802 v 848, t = 1.25). As one would expect these mean costs in the pre-MHT period are about twice a great as in the six month analyses above reflecting costs aggregated over two six month periods.

Those seeking MHT had higher medical costs in the year preceding MHT than those who did not seek MHT. For example, E-0MHT had costs about 153% of those in E-NoMHT (1226 v 802, t = 3.54, p < .0005) and C-0MHT had costs about 175% of those in C-NoMHT (1482 v 848, t = 3.91, p < .001).

E-TFMHT had costs about 244% greater than E-NoMHT (1958 v 802, t = 6.84, p < .0001) and about 230% greater than C-NoMHT (1958 v 848, t = 6.51, p < .0001).

In line with the outreach efforts, TFMHT also had costs about 160% greater than E-0MHT (1958 v 1226, t = 3.58, p < .0003), and about 132% greater than C-0MHT (1958 v 1482, t = 2.06, p < .05). In turn, the E-BOTH had costs about 142% greater than E-TFMHT (2774 v 1958, t = 3.37, p < .007).

Change in Medical Costs: In the "whole project population" costs increased from 864 per year to 927 per year, a reliable increase of 7.29% in 1983 constant dollars. In the overall E group costs increased from 860 to 896 per year an increase of 4.2%. In the overall C group costs increased from 871 to 994 per year, an increase of 14.12%. The difference between the increase in the overall E group and the overall C group was reliable (t36 v t123, t =

2.59, p < .01). Similarly, the E-NoMHT increased less than C-NoMHT (t46 v t129, t = 2.40, p < .02).

While there was no difference in change between E-TFMHT and E-BOTH (-406 v - 264, t < 1.00), medical costs in these two groups decreased relative to C-NoMHT (-406, -264 v t129, t = 3.96, p < .01) and relative to E-NoMHT (-406, -264 v +46, t = 3.32, p < .01).

E-TFMHT declined 20.74% and E-BOTH declined 9.5%. Relative to the C-NoMHT baseline (\pm 129/848 = t 15.21%) these declines were 36% and 24.7%, respectively.

There was no difference between E-OMHT and E-NoMHT (t78 v t46, t < 1.00) or between C-OMHT and C-NoMHT (-47 v t129, t = 1.16).

Medical costs in the E-TFMHT and E-BOTH declined relative to E-OMHT (-406, -264 v t78, t = 2.62, p < .05) and to C-OMHT (-406, -264 v -47, t = 1.55, p < .15).

Aggregated Analyses of Medical Cost Trends in the 18 Months Pre and Post-MHT group:

Table 4.4.A.1. also summarizes medical costs and change in costs for Medicaid recipients who were continuously eligible for 18 months pre-MHT and Post MHT period.

<u>Medical Costs pre-MHT:</u> The difference between the overall E group and overall C group in medical costs was not reliable (1251 v 1340, t = 1.29). However, the difference between E-NoMHT and C-NoMHT was of borderline reliability (1185 v 1311, t = 1.79, p < .08).

The MHT groups had higher medical costs pre-MHT than recipients who did not use mental health treatment services. For example, medical costs in the E-OMHT were 145% of those in E-NoMHT and this difference was reliable (1715 v 1185, t = 1.98, p < .05). Similarly, C-OMHT had costs that were 181% of those for C-NoMHT (2378 v 1311, t = 3.02, p < .003).

In turn those patients in TFMHT had medical costs 253% of those in E-NoMHT (2993 v 1185, t = 5.57, p < .0001) and 228% of those in C-NoMHT (2993 v 1311, t = 5.14, p < .0001).

Pre-MHT costs for E-TFMHT were 175% of those in E-0MHT (2993 v 1715, t = 3.07, p < .003) and 126% of those in C-0MHT (2993 v 2378, t = 1.30).

Medical costs in the E-BOTH were 116% of those in TFMHT (t < 1.00), 146% of those in C-OMHT (3471 v 2378, t = 2.18, p < .03), and 203% of those in E-OMHT (3471 v 1715, t = 3.93, p < .001).

<u>Change in Medical Costs:</u> In the "whole population" costs post-MHT period were 113.3% higher than in the pre-MHT period representing an annual increase of 8.86% (comparable to that in the twelve month analyses above) in 1983 constant dollars.

Costs in the overall E group increased by 9.67% (annual rate of 6.45%) while costs in the overall C group rose 20.29% (annual rate of 13.54%).

Medical costs increased less in the overall E group than in the overall C group (t122 v +273, t = 2.53, p < .02). Similarly, costs increased less in the E-NoMHT than in the C-NoMHT (t141 v t288, t = 2.47, p < .02) and both were reliably greater than zero change (t = 4.14, p < .0001).

Medical costs in E-TFMHT and E-BOTH declined relative to C-NoMHT (-659, -300 v t288, t = 3.76, p < .01) and relative to E-NoMHT (-659, -300 v t141, t = 3.11, p < .01).

Costs declined in C-OMHT relative to C-NoMHT (-285 v +288, t = 1.91, p < .06).

In contrast there was no difference between E-OMHT and E-NoMHT (t54 v t141, t \langle 1.00).

The decline in costs in the E-TFMHT and E-BOTH was not different from that in the C-OMHT (-659, -300 v -285, t < 1.00) but was different from that in E-OMHT (-659, -300 v t54, t = 1.84, P < .07).

Aggregated Analyses of Medical Cost Trends in the Twenty-Four Months Pre and Post-MHT group:

<u>Medical costs pre-MHT:</u> Medical costs in the "whole population" increased from 1675 (or 838 per year, comparable to the six, twelve and eighteen month analyses above) to 2001 (or 1001 per year). This represented an increase of 326 or 19.46% (9.73% in annual terms) in 1983 constant dollars.

Medical costs in the E group and C group were not different (1623 v 1782, t=1.40). The difference between E-NoMHT and C-NoMHT was of borderline reliability (1545 v 1744, t=1.76, p < .10).

Medicaid recipients who used MHT had higher medical costs than recipients who did not use MHT. E-OMHT costs were higher than E-NoMHT (2657 v 1545, t = 1.97, p < .05) and C-OMHT were higher than C-NoMHT (3670 v 1744, t = 2.87, p < .005). In turn, E-TFMHT also had higher costs than E-NoMHT (5183 v 1545, t = 5.13, p < .0001) and higher costs than C-NoMHT (5183 v 1744, t = 4.83, p < .0001).

There was no difference between E-TFMHT and E-BOTH (t < 1.00). E-BOTH had reliably greater costs than E-NoMHT (5451 v 1744, t = 5.30. p < .0001).

E-TFMHT and E-BOTH had reliably greater costs than E-OMHT (t = 3.14, p < .002) although this differences was attenuated compared to C-OMHT (5183 v 3670, t = 1.56, p < .12; 5451 v 3670, t = 1.86, p < .07, respectively). This attenuation is not surprising in view of the relatively small \underline{n} s available in these groups.

As in each of the preceding longitudinal analyses, MHT patients had higher medical cost histories than NoMHT patients. Within MHT groups, those in E-TFMHT and E-BOTH had higher cost histories than OMHT patients, consistent with the outreach efforts.

<u>Change in Medical Costs:</u> Medical costs in the overall E group increased by 272, or 16.78% from 1623 to 1895. The overall C group increased by 438, or 24.58% from 1782 to 2219. The increased in the C group tended to be greater than the increase in the E group (+438 v +272, t = 1.78, p < .08). This difference seems accounted for the by the difference in cost increase between E-NoMHT and C-NoMHT (+304 v +455, t = 1.60, p < .12).

We note that (as above) disaggregating the three MHT groups from the overall E group elevated the mean change in the E group from +272 to +304 in the E-NoMHT. The three MHT groups lowered the mean medical cost increase from 304 to 272, about a 10.52% decline.

The mean decrease in medical costs in the E-TFMHT and E-BOTH was greater than in the C-NoMHT (-1632, -1078 v +455, t = 4.35, p < .0001) or in the E-NoMHT (-1632, -1078 v +304, t = 4.02, p < .0001).

The decrease in cost for C-OMHT was of borderline reliability relative to the increase in the C-NoMHT (-425 v +455, t=1.59, p<.12, and again we note the relatively small $\underline{n}s$ here), although there was no difference between E-OMHT and E-NoMHT (-57 v + $\overline{3}04$, t<1.00).

Although there was no reliable difference between E-TFMHT and E-BOTH relative to C-OMHT (-1632, -1078, v -425, t = 1.36), E-TFMHT and E-BOTH showed greater reduction in medical costs than E-OMHT (-1632, -1078 v -57, t = 2.10, p < .05).

SUMMARY-SECTION 1.A: Aggregated analyses of medical cost trends by MHT Status

- 1. Medical costs for Medicaid recipients increased by about 7-9% per year in 1983 constant dollars.
- 2. Generally the same patterns of differences in initial medical costs and change in medical costs were obtained in each of the longitudinal eligibility cohorts.

- 3. Differences in cost trends emerged between the E group and C-group despite random assignment to condition. While the E group rose less in cost compared to C group, the overall rise in E group mean medical cost was lessened by MHT patients who declined in mean cost.
- 4. In general, recipients who used MHT services had higher medical cost histories prior to initiation of MHT than NoMHT patients. In turn, TFMHT patients had higher cost histories than OMHT patients and this was especially true for E-BOTH patients.
- 5. Despite a reduction in medical costs for MHT patients, medical costs remained at higher levels for MHT patients-than for the NoMHT population. The analyses of change in costs relative to initiation of MHT was a more powerful analytic tool than the simple calender period cost analyses above, as a result.
- 6. In general, we assumed that the appropriate comparisons for the effect of TFMHT services would use the C-NoMHT and C-OMHT groups as baselines:

In the six month longitudinal cohort there was no difference between C-OMHT and C-NoMHT in change in medical costs and both showed cost increases of about 4.86% in C-OMHT and 10.82% in C-OMHT.

In the 12 month cohort C-OMHT showed an unreliable decrease relative to C-NoMHT. This effect approached reliability in the 18 and 24 month cohorts. Based on the mean change in medical costs, the borderline reliability is more likely due to reduced ns.

In contrast E-TFMHT and E-BOTH showed consistent trends for reduced medical costs in each of the longitudinal cohorts relative to C-NoMHT.

7. One way to picture these results is simply to compare the % change in medical costs in the TFMHT and E-BOTH to percent change in C-NoMHT. In the six month group, TFMHT changed -8.9% (TFMHT) and -12.00% (BOTH) while C-NoMHT increased +10.82%. Relative to the C-NoMHT baseline, TFMHT declined by 19.72% and by 22.82% in E-BOTH.

Similar trends held in the twelve month group. TFMHT declined 20.73%, BOTH declined 9.5% while C-NoMHT increased by 15.21%. Thus relative to the C-NoMHT baseline, TFMHT declined 35.94% and E-BOTH declined 24.71% in the year following initiation of TFMHT. The same trends held in the 18 and 24 month cohorts.

Section 4.8.: Medical Cost Trends by MHT status and Age

The results summarized in Table 4.4.8.1. summarize medical costs and change in medical costs within three age categories (0-17 years, 18-59 years and 60+ years) by longitudinal cohort and by MHT status.

Cost Trends in the Six Month Pre and Post-MHT Eligibility Cohort:

Of the total or "whole population" with six months eligibility before and after the MHT period (\underline{n} = 54,595), 30,907 or 56% were in the age range of 0-17; 17,967 or 32.9% were in the 18-59 range; and 5721 or 10.48% were in the 60t range.

There were a total of 1096 TFMHT and BOTH patients in the six month group and of these, \underline{n} = 140, or 12.77%, were in the 0-17 range, \underline{n} = 882 or 80.47% were in the 18-59 category and 74 or 6.75% were in the 60t category.

<u>Medical Costs Between Age Groups:</u> For the E-NoMHT and C-NoMHT groups we note that medical costs were reliably lower for the 0-17 range than for the 18-59 respective categories (221, 226 v 617, 611, t = 18.53, p < .0001) and.. represented only 36.98% of medical costs in the 18-59 category. We also note that there were no differences between the E-NoMHT and C-NoMHT in the 0-17 and in the 18-59 categories (t's < 1.00).

As one might expect, medical costs in the 60t category were reliably greater than in the 18-59 group (617, 611 v 822, 927, respectively, t = 5.90, p < .0001) by 133% and 151% in the E-NoMHT and C-NoMHT, respectively.

Within the 60+ category; costs in the C-NoMHT were 113% of costs in the E-NoMHT, a reliable difference (927 v 822, t = 2.05, p < .04).

<u>Medical Costs in the 0-17 Age Group:</u> Thus medical cost histories were lowest for children (0-17) and based on E-NoMHT and C-NoMHT averaged between 221 and 226 per six month period prior to the MHT period. The difference between C-NoMHT, E-NoMHT and E-TFMHT (221, 226 vs. 425, t=1.21) was unreliable and there were no differences between MHT groups and NoMHT groups in the 0-17 range.

In short, children using MHT did not have higher medical cost histories than children who did not use MHT as in the NoMHT groups. In general, medical costs for children were low relative to the adult population and we might expect a "floor effect" (levels too low to lower further) in terms of change in costs.

Medical Costs in the 18-59 Age Group: In the 18-59 age group E-NoMHT and C-

NoMHT were not different (617 v 611, t < 1.00) in medical costs pre-MHT. The difference in pre-MHT costs between E-NoMHT and E-OMHT (617 v 1045, t = 7.05, p < .0001) was reliable as was the difference between C-NoMHT and C-OMHT (611 v 1028, t = 5.16, p < .0001). Medical cost histories for OMHT users were about 168% greater than for NoMHT, replicating the usual effect in the literature, in contrast to the 0-17 age group above.

Medical costs pre-MHT for E-BOTH were marginally greater than for E-TFMHT (1302 v 1102, t = 1.63, p < .11). In turn, the E-TFMHT and E-BOTH had higher medical costs than C-NoMHT (1302, 1102 v 611, t = 9.20, p < .0001), E-NoMHT (t = 9.49, p < .0001), C-OMHT (t = 1.91, p < .06) or E-OMHT t = 2.03, p < .05). Thus MHT patients had higher medical costs in the six months prior to the MHT initiation period and those who received TFMHT services were higher than OMHT.

Medical Costs in the 60+ Age Category: In the 60+ age category only $\underline{n}=163$ or 2.85% used some form of mental health treatment (E-OMHT, E-TFMHT, E-BOTH, and C-OMHT pooled together in the six month eligibility group, 163/5721=2.85%). Medical costs in C-OMHT were 187% of costs in C-NoMHT (t=2.88, p<0.004). However mean costs in E-OMHT were only 59% of costs in E-NoMHT although the difference was not reliable (488 v 822, t=1.26).

Costs for E-TFMHT were not different from costs in the E-NoMHT (t < 1.00), E-OMHT (t < 1.00), E-BOTH (t < 1.00) or C-NoMHT (t < 1.00). Costs in E-TFMHT were lower than in C-OMHT (711 v 1739, t = 2.79, p < .006). Costs in E-BOTH were not different from C-NoMHT and C-OMHT. For each of these comparisons, we note that the relatively small \underline{n} s in the MHT groups made most comparisons unreliable.

Change in Medical Costs by MHT Status and by Age Group:

The 0-17 Age Group: There were no reliable differences between groups for change in medical costs (t's < 1.00), and costs declined.

<u>The 18-59 Age Group:</u> The E-NoMHT declined in medical costs by \$21 or 3.4% but this change was not reliably different from zero change (t < 1.00). C-NoMHT increased by \$42 or 6.87% and the difference between E-NoMHT and C-NoMHT was of borderline reliability (-21 v +42, t = 1.85, p < .07).

E-TFMHT and E-BOTH declined in costs relative to C-NoMHT (t=2.53, p<.02) and relative to E-NoMHT (t=2.03, p<.05).

There was no reliable difference between C-OMHT and C-NoMHT (t < 1.00). In contrast, E-OMHT declined in cost relative to E-NoMHT (t = 2.00, p < .05), and there was no difference in cost decline between E-OMHT and the E-TFMHT and E-BOTH groups (t's < 1.00).

<u>The 60+ Age Category:</u> The E-NoMHT increased in medical costs by \$391 or 47.56%, reliably different from zero change ($t=11.81,\ p<.0001$). Similarly, C-NoMHT increased by \$444 or 47.90% reliably different from zero

change (t = 9.73, p < .0001).

We note that the increased costs in the NoMHT-60+ age categories probably accounts for most of the overall increase in medical costs in the more general population (Table 4.4.A.l.). In the six month eligibility group for example, NoMHT subgroups in the 0-17 age category and in the 18-59 category declined in constant 1983 dollars in contrast to the 60t category (the t's for these several comparisons range between t = 5.90, p < .0001 and t = 18.53, p < .0001).

The E-TFMHT and E-BOTH (pooled mean = -31.32) declined in cost relative to the C-NoMHT (-31.32 v t444, t = 2.01, p < .05) and the E-NoMHT (-31-32 v +391, t = 1.80, p < .07).

The increase in costs in C-OMHT was not different from the C-NoMHT (t < 1.00). While E-OMHT increased less that E-NoMHT, the difference was not reliable (t = 1.21), but we note again that the small <u>ns</u> may attenuate reliability here.

Medical Cost Trends in the 12 month Pre and Post-MHT Eligibility Group by Age:

Medical Costs Between Age Cateoories: As with the six month longitudinal group above, Medicaid recipients in the 0-17 category had lower medical costs in the year preceding the MHT period than adults in the 18-59 category as one compares the E-NoMHT and C-NoMHT groups between age categories. In the O-17 category, E-NoMHT and C-NoMHT were reliably lower in cost than in the 18-59 age category (t = 15.99, p < .00001; t = 11.86, p < .0001, respectively). Phrased differently, medical costs for the 0-17 category were only 36.19% and 35.27% of costs in the respective 18-59 age category.

Costs in the 18-59 category for E-NoMHT and C-NoMHT were only 75.29% and 75.04% of costs in the 60t age category for the E-NoMHT and C-NoMHT, respectively (t = 5.54, p<.001, t = 4.19, p < .001, respectively.

Medical Costs Within the 0-17 Age Category: Within the 0-17 category, there was no difference between E-NoMHT and C-NoMHT (t < 1.00). Similarly there were no differences among mental health treatment groups in medical costs in the year preceding the MHT period. For example, the largest difference, between E-TFMHT and E-NoMHT was not reliable (t = 1.19). As with the six month longitudinal group above, MHT patients in the 0-17 category did not have higher cost histories than NoMHT. Again, overall cost histories were low, suggesting a floor effect for change in cost.

Medical Costs Within the 18-59 Ase Category: There was no difference between E-NoMHT and C-NoMHT (t < 1.00). E-OMHT was reliably greater in cost than E-NoMHT (1709 v 1188, t = 3.31, p < .001) as was the case for C-OMHT and C-NoMHT (1986 v 1233, t = 3.58, p < .001). There was no difference between E-OMHT and C-OMHT (t = 1.09).

Medical cost for E-BOTH was greater than for E-TFMHT (2945 v 2399, t = 2.01, p

< .05). In turn, E-TFMHT was greater than C-NoMHT (2399 v 1233, t = 5.60, p < .001), greater than E-NoMHT (2399 v 1188, t = 5.60, p < .001), greater than E-OMHT (2399 v 1709, t = 2.73, p < .01) but did not differ from C-OMHT (t = 1.44).

Thus MHT patients had higher medical cost histories than NoMHT recipients and E-TFMHT and E-BOTH were higher than OMHT patients, consistent with the outreach efforts.

<u>Medical Costs Within the 60+ Age Category:</u> None of the differences among MHT groups or between the MHT and NoMHT groups were reliable, most probably due to the very small \underline{n} s available for analysis.

Change in Medical Costs by Age Category:

<u>The 0-17 Age Category:</u> There were no reliable differences among groups for change in medical costs. The largest difference, between E-OMHT and E-NoMHT was not reliable (t=1.50), for example. As above, the relatively low levels of medical costs coupled with relatively small <u>ns</u> attenuated the apparent differences.

<u>The 18-59 Age Category:</u> Medical costs declined in E-NoMHT by 7.91% and this decline was different from zero change (t = 2.58, p < .02). In contrast, costs increased in C-NoMHT by 4.05% and the difference between the two NoMHT groups was reliable (t = 2.30, p < .03).

Medical costs in the E-TFMHT and E-BOTH declined by 24.34% and by 11.51% respectively, and both were reliably different from zero change (t=3.07, p<.003; t=1.98, p<.05, respectively).

Taken together, the project's mental health treatment resulted in a greater decline in medical services cost relative to C-NoMHT ($t=3.64,\ p<.005$) and relative to E-NoMHT ($t=2.68,\ p<.02$).

This decline was different from E-OMHT (t = 2.56, p < .02) but not different from C-OMHT (t < 1.00).

The decline in C-OMHT relative to C-NoMHT was not conventionally reliable ($t=1.51,\ p<.13$) although the trend seems clear. There was no difference between E-OMHT and E-NoMHT (t<1.00).

<u>The 60+ Age Category:</u> Medical costs increased in E-NoMHT by 55.7% and by 63.36% in C-NoMHT, both reliably different from zero (t=15.78, p<.0001; t=13.46, p<.0001, respectively). The very small \underline{n} s make the remaining change scores very difficult to assess. We note that the drop in E-OMHT was different from E-NoMHT (t=2.74, p<.01) and was borderline relative to C-NoMHT (t=1.70, p<.10).

The difference between E-TFMHT and E-NoMHT was not reliable (t=1.34) nor was the difference between E-TFMHT and E-BOTH (t<1.00). Thus there is not much to conclude here except that the E-OMHT declined in costs relative to sharp

increases in medical costs for the 60t age group. The very small \underline{n} s attenuated these differences and we note that the E-TFMHT mean of +440 was smaller than the +1041 in C-NoMHT.

<u>Medical Cost Trends in the 18 months Pre and Post-MHT Eligibility Group by Age:</u>

Although the disaggregation into three age categories resulted in small <u>ns</u> in the 0-17 and 60+ age groups, we examine trends briefly for recipients with 18 and 24 months of continuous eligibility pre and post-MHT. The results follow the same patterns as in the six and twelve month longitudinal groups.

<u>Medical Cost Trends Between Age Categories:</u> In the 18 month eligibility group, the 0-17 age category had reliably lower medical costs the the 18-59 age category and costs in the E-NoMHT groups were only about 32.4% of those in the 18-49 age category (t = 13.43, p < .0001). Costs in the C-NoMHT groups were only 35.15% of those in the 18-59 age category (t = 9.50, p < .0001).

In turn costs in the 18-49 age category in C-NoMHT were only 82% of those in the 60t age category in C-NoMHT (t = 2.37, p < .02).

The 0-17 Aoe Category: There were no reliable differences between groups in mean medical cost prior to the MHT period. Similarly there were no reliable differences among groups for change in medical costs (ts < 1.00).

The 18-59 Age Category: Change in the E-NoMHT and C-NoMHT was not reliably different from zero change (t=1.04). The decline in medical costs in the E-NoMHT was about 3.57% and. about .16% in the C-NoMHT.

In contrast E-TFMHT declined 23.43% and E-BOTH declined about 14%. E-TFMHT and E-BOTH reliably declined in medical costs relative to C-NoMHT (t = 2.86, p < .02) and relative to E-NoMHT (t = 2.69, p < .02).

C-OMHT also declined relative to C-NoMHT (-628 v -3, t = 1.61, p < .11), although attenuated. There was no difference between E-NoMHT and E-OMHT (t < 1.00). There was no reliable difference between the E-TFMHT and E-BOTH relative to C-OMHT (t < 1.00). E-TFMHT and E-BOTH declined relative to E-OMHT (-88, -517 v -64, t = 1.75, p < .08) although also attenuated.

<u>The 60+ Age Category:</u> The very few number of recipients in this category made it impossible to assess reli-able differences among MHT groups. As above, the increase in medical costs for E-NoMHT was 161% and was 179% for C-NoMHT, both reliably different from zero change (t = 15.20, p < .0001; t = 15.08, p < .0001, respectively).

<u>Medical Cost Trends in the 24 Months Pre and Post-MHT Eliqibility Group by Age:</u>

Although the $\underline{\textbf{n}}$ s become very small as we disaggregate there are several points worth noting.

<u>Between Aae Cateoories:</u> As with the analyses above, those in the 0-17 age category had average medical costs only 30% (E-NoMHT) and 38% (C-NoMHT) of those in the respective 18-59 age category groups. Costs in the 18-59 E-NoMHT and C-NoMHT groups were about 96% of those in the respective 60t age category groups.

In the 60t age category, costs increased by 182% and 190% in the E-NoMHT and C-NoMHT groups. However, unlike the longitudinal groups above there was no difference between the 18-59 and the 60t age groups in costs pre-MHT (ts < 1.00). Apparently longer lengths of continuous eligibility reflect people in the 18-59 category who are less likely to depart Medicaid and are in poorer health with higher costs (above).

<u>The 0-17 Age Category:</u> There were no differences in pre-MHT medical costs among groups. There were no differences in change in medical costs among groups as with the analyses above.

The 18-59 Age Category: MHT patients had higher medical costs pre-MHT than NoMHT patients. Thus C-OMHT had costs that were 198% of those in C-NoMHT, a reliable difference (4923 v 2491, t = 2.68, p < .008). E-OMHT costs were about 151% of those in E-NoMHT (3580 v 2375, t = 1.69, p < .10). In turn, medical costs in E-TFMHT were 237% of those in C-NoMHT; E-BOTH were 249% of those in C-NoMHT. These results are consistent with those above.

Medical costs for E-TFMHT and E-BOTH declined relative to C-NoMHT (-1926, -1183 v t28, t = 3.33, p < .01) and to E-NoMHT (-1926, -1183 v -92, t = 3.14, p < .01).

However there was no reliable difference between C-OMHT and C-NoMHT (-820 v t28, t = 1.14) or between E-OMHT and E-NoMHT (-394 v -92, t < 1.00) although it seems clear that the pattern is attenuated by small \underline{n} s. There were no differences between E-TFMHT, E-BOTH and C-OMHT or E-OMHT.

SUMMARY--SECTION 4.6: Medical costs by MHT status and Aae Category

When the overall results from the previous analyses are disaggregated by age category several different pictures emerge:

- 1. Medical costs for children (the 0-17 category) were only about a third as great as for adults in the 18-59 category. For children, there was no difference in medical costs prior to MHT between NoMHT and MHT.
 - 1. A. Unlike the overall trends in medical costs, medical costs for children tended to decline in constant dollars with no differences among MHT groups or between NoMHT and MHT groups.
 - 1.6. These results probably represent a floor effect where costs were already sufficiently low that differential change between groups could not be observed reliably.

 Medical costs consistently declined in E-TFMHT and E-BOTH, however, in each of the longitudinal cohorts.
- 2. For adults in the 18-59 Age. category, medical costs pre-MHT were greater for MHT patients than for NoMHT patients and the E-TFMHT and E-BOTH were higher than OMHT in line with the outreach efforts.
 - 2. A. The TFMHT groups showed consistent decreases in medical costs relative to the C-NoMHT and E-NoMHT in each longitudinal cohort.
 - 2. B. The relationship between OMHT and NoMHT groups for change in medical costs was variable and varied between the C group and the E group:
 - 2.B.1. In the six month cohort, there was no difference between C-OMHT and C-NoMHT while E-OMHT declined relative to E-NoMHT.
 - 2.8.2. In the 12 month cohort there was no difference between OMHT groups and NoMHT groups.
 - 2. B. 3. In the 18 month cohort, C-OMHT declined relative to C-NoMHT while there was no difference between E-OMHT and E-NoMHT.
 - 2. B. 4. There were no reliable differences between OMHT and NoMHT groups in the 24 month cohort.
 - 2. C. TFMHT groups consistently declined in medical costs in each longitudinal cohort, with the magnitude of the decline often greater than in OMHT groups.

- 3. While Medicaid recipients in the 60+ Age category represented about 10% of the Medicaid population in the six month longitudinal eligibility cohort, only 2.85% used some form of MHT. The sharp and consistent increases in medical costs in this age group (in constant dollars) probably accounted for the increase in medical costs in the overall Medicaid population in the aggregated analyses above.
 - 3. A. In contrast to the O-17 and the 18-59 Age categories, the 60t category showed nearly a 48% increase in medical costs in constant dollars. Against this sharply rising cost trend, the project MHT services (TFMHT and E-BOTH) resulted in declining medical costs relative to E-NoMHT and C-NoMHT, at least in the six month cohort. Further analyses in terms of MHT were hampered by the overall small number of MHT users in the 60t Age category.
 - 3. B. The 60t Age category had higher medical costs in the pre-MHT six month period than the other two age categories. We note that TFMHT and E-B0TH had a higher percentage of 60t in this six month cohort (74/1096 = 6.75%) than was the case for C-OMHT (42/864 = 4.86%) or E-OMHT (47/1557 = 3.02%), as one might expect in view of the outreach effort targeted to high medical utilizers.

Section 4. C.: Medical Cost Trends by MHT Status and Medical Diagnoses (NonCMD, CMD, CDP)

One element of the project involved an examination of the effect of MHT on medical costs for Medicaid recipients with one of four chronic medical diagnoses (CMD) of airway/respiratory, ischemic heart disease, hypertension, or diabetes in relation to recipients without these diagnoses (Neither or NonCMD = patients with neither CMD nor chemical dependency diagnoses), and recipients with a substance abuse or chemical dependency diagnosis (COP).

These results by longitudinal cohort are summarized in Table 4.4.C.l.

<u>Medical Cost Trends by MHT Status and by Diagnosis in the Six Month</u> <u>Longitudinal Cohort:</u>

Overall, in the six month cohort 33.43% were CMD, 1.28% were CDP and the remaining 65.28% were Neither of these diagnoses.

The project outreach efforts resulted in a case mix for E-TMHT and E-BOTH with 57.39% who were CMD (629/1096 = 57.39%), 8.21% who were CDP (90/1096 = 8.21%) and only 34.39% (377/1096 = 34.39%) that were Neither.

For C-OMHT, 41.66% were CMD, 10.24% were CDP and 46.64% were Neither." For E-OMHT, 41.04% were CMD, 8.93% were CDP, and 50.03% were Neither.

Thus in general, OMHT groups had larger percentages with CMD (about 41% compared to about 32% in E-NoMHT and 33.81% in C-NoMHT) and with CDP (9-10% in the OMHT groups compared to .69% in E-NoMHT and .78% in C-NoMHT).

In turn the project outreach efforts produced a case mix with much higher percentages of CMD than OMHT by about 140% (57.39%/41% = 140%).

<u>Initial Medical Costs Between Diaonosis Groups:</u>

Overall, Neither had lower medical costs in the pre-MHT period than CMD (t's ranged between 3.58, p < .005 and 18.71, p < .0001) for each NoMHT and MHT group, respectively. Similarly, Neither had lower medical costs than CDP (t's ranged between '2.02, p c.05 and 4.74, p < .001) except for the ETFMHT-Neither and ETFMHT-CDP (t < 1.00) and between E-BOTH-Neither and E-BOTH-CDP (t = 1.72, p < .09).

There were no reliable differences between the CMD and the CDP groups although C-OMHT-CMD and C-OMHT-CDP approached reliability (t = 1.57, p < .12). We note that the small <u>ns</u> in the CDP category probably attenuated these comparisons.

<u>Change In Medical Costs Between Diagnosis Groups:</u>

Medical costs increased for CMD patients relative to Neither. For example, for the C-NoMHT groups, CMD increased in cost relative to Neither (+140 v -9, t = 4.57, p < .001). For E-NoMHT CMD also increased relative to Neither (t75 v -15, 7 = 3.87, p < .001).

Medical costs in the CDP groups also increased relative to the Neither groups. For example, for the C-NoMHT groups, CDP increased relative to Neither (+557 v - 9, t = 2.36, p < .02). For E-NoMHT, however this difference was of borderline reliability (t218 v - 15, t = 1.78, p < .08).

Medical costs for CDP also tended to increase relative to CMD. For example, in the C-NoMHT groups, CDP showed a greater increase than CMD (+557 v +140, t = 2.36, p < .02) although this difference was attenuated for the E-NoMHT groups (t218 v t75, t = 1.09).

Cost Trends in the Neither Diagnosis Group:

<u>Initial Medical Costs:</u> Within the Neither diagnosis group, E-TFMHT and E-BOTH had higher medical costs than C-NoMHT (431, 819 v 274, t = 3.62, p < .005) or E-NoMHT (431, 819 v 276, t = 3.60, p < .005). However, there was no difference between The TFMHT groups and either C-OMHT (t = 1.31) or E-OMHT (t = 1.32)

C-OMHT had higher costs than C-NoMHT (t = 2.99, p < .003) and E-OMHT had higher costs than E-NoMHT (t = 1.96, p < .05)

<u>Chance in Medical Costs:</u> There was no difference between C-OMHT and C-NoMHT for change in medical costs (t < 1.00) or between E-OMHT and E-NoMHT (t = 1.02).

However, costs in E-TFMHT and E-BOTH declined relative to C-NoMHT (-102, -370 v -9, t = 2.01, p < .05) and relative to E-NoMHT (-102, -370 v -15, t = 1.97, p < .05).

'There was no difference between C-OMHT and C-NoMHT (t < 1.00) or between E-OMHT and E-NoMHT (t < 1.00).

The difference between E-TFMHT, E-BOTH and C-OMHT approached reliability (-102, -370 v -3, t = 1.55, p < .15). There was no difference between E-TFMHT, E-BOTH and E-OMHT (t = 1.03) although the E-BOTH and E-OMHT comparison approached reliability (t = 1.60, p < .11).

Costs declined 5.43% in E-NoMHT and 3.28% in C-NoMHT. In contrast, costs declined 23.66% in E-TFMHT, and 45.17% in E-BOTH. Costs declined by .66% in C-OMHT and 18.82% in E-OMHT.

Cost Trends in the CMD diagnosis Group:

<u>Initial Medical Costs:</u> Within the CMD group, C-0MHT had higher costs than C-NoMHT (1179 v 707, t = 4.81, p < .001) and E-0MHT had higher costs than E-NoMHT (1054 v 668, t = 5.24, p < .001).

E-TFMHT and E-BOTH were also higher in costs than in C-NoMHT (t = 8.68, p < .0001), E-NoMHT (t = 9.42, p < .0001) or than in E-OMHT (t = 3.07, p < .02) and were marginally different than in C-OMHT (t = 1.56, p < .15).

<u>Chancre in Medical Costs:</u> Medical costs increased 19.80% in C-NoMHT and by 11.32% in E-NoMHT in constant dollars.

In contrast, costs declined by 4.52% in E-TFMHT and E-BOTH, a difference relative to the C-NoMHT baseline of 24.32%. The decline in cost in E-TFMHT and E-BOTH was different than the trend in C-NoMHT (-69, -54 v +140, t = 2.40, p < .03) or in E-NoMHT (-69, -54 v +75, t = 1.67, p < .10).

There was no difference between C-NoMHT and C-OMHT (t < 1.00) although E-OMHT declined relative to E-NoMHT (-62, v +75, t = 1.68, p < .10). There were no reliable differences between the TFMHT groups and the C-OMHT or E-OMHT groups.

Cost Trends in the CDP (Substance Abuse) diagnosis group:

<u>Initial Medical Costs:</u> There were no reliable differences in initial costs between NoMHT and OMHT costs. The E-TFMHT and E-BOTH tended to be different (t = 1.54, p < .13) although the tiny \underline{n} in TFMHT makes this comparison unreliable. E-BOTH tended to have higher costs than E-NoMHT (t = 1.77, p < .08) or C-NoMHT (t = 1.47, p < .15).

Change in Medical Costs: Medical costs increased in C-NoMHT by 64.88% and by 26.14% in E-NoMHT. In contrast costs declined in C-OMHT by 2.67%, by 30.74% in E-OMHT and by 12.74% and by 6.38% in E-TFMHT and E-BOTH, respectively.

The decline in the E-TFMHT and E-BOTH was reliably greater than in C-NoMHT (t = 2.31, p < .03).

C-OMHT declined relative to C-NoMHT (t = 2.19, p < .03) and E-OMHT declined relative to E-NoMHT (t = 2.22, p < .03). There were no differences between the TFMHT groups and the OMHT groups.

<u>Medical Cost Trends by MHT status and by Diagnosis in the 12 Month Longitudinal Cohort:</u>

Overall in the twelve month cohort, 37.39% were CMD, 1.06% were CDP and 61.54% were in the Neither diagnosis category.

The project outreach efforts resulted in a patient mix for E-TFMHT and E-BOTH with 61.32% CMD (436/711 = 61.32%), 6.75% CDP and 31.93% Neither.

For C-OMHT, 41.22% were CMD, 10.24% were CDP and 48.54% were Neither. For E-OMHT, 42.83% were CMD, 6.42% were CDP and 50.73% were Neither.

As in the six month cohort above, OMHT groups had larger percentages with CMD (about 42% compared to about 37%) and with COP diagnoses (between 6.42% and 10.24% compared to 1.06%) than the NoMHT groups.. The project outreach efforts resulted in a mix with about 146% more CMD than in the OMHT groups (61.32%/42% = 146%.

<u>Initial Medical Costs Between Diagnosis Groups:</u>

Overall, Neither had lower medical costs in the year preceding the MHT period than CMD (t's ranged between 17.86, p < .000l and 1.67, p < .10) for the respective groups.

Similarly, Neither had lower medical costs than CDP (t's ranged from 4.38, p < .001 to 2.58, p < .02). However the E-OMHT-Neither was only marginally different from the E-OMHT-CDP (t = 1.56, p < .12), the C-OMHT-Neither was not different from C-OMHT-CDP (t = 1.16) and there was no difference between E-TFMHT-Neither and ETFMHT-CDP. There were no reliable differences between CMD and CDP groups although the E-TFMHT-CDP was lower than E-TFMHT-CMD (t = 1.68, p < .10).

<u>Change in Medical Costs Between Diasnosis Groups:</u>

Medical costs increased in CMD relative to the Neither group. For the C-NoMHT groups, CMD showed a greater increase relative to Neither (t356 v -21, t = 6.41, p < .001) as was the case for the E-NoMHT groups (t186 v -34, t = 5.26, p < .001).

Medical costs increased in CDP relative to the Neither group. For the C-NoMHT groups, CDP had a greater increase than Neither (+690 v -21, t = 2.24, p < .03), although there was no difference between E-NoMHT groups (t39 v -34, t = .30).

There was no reliable difference in increase between CMD and CDP for the C-NoMHT groups (+690 v t356, t = 1.05), or for the E-NoMHT groups (t39 v t186, t = .59).

Cost Trends in the Neither Diagnosis Group:

<u>Initial Medical Costs:</u> Within the Neither diagnosis group, E-TFMHT and E-BOTH had higher medical costs than C-NoMHT (t=3.02, p<.01) or than E-NoMHT (t=3.14, p<.01). There was no difference between E-TFMHT, E-BOTH and C-OMHT (t<1.00), although the difference relative to E-OMHT was borderline (t=1.62, p<.11). E-BOTH was reliably greater than E-OMHT (t=2.45, p<.02) but not different from C-OMHT (t=1.17).

C-OMHT had higher costs than C-NoMHT (t=2.85, p<.02) while there was only a marginal difference between E-OMHT and and E-NoMHT (t=1.42, p<.16).

Thus the OMHT groups had higher initial medical costs than NoMHT and there was little difference between OMHT and TFMHT groups.

Change in Medical Costs: Medical costs in E-NoMHT declined by 6.64% and by 3.94% in C-NoMHT. Medical costs in C-OMHT declined 23.58% although not reliably different from C-NoMHT (-280 v -21, t = 1.19). Costs in E-OMHT declined 1.47%, not different from E-NoMHT (t < 1.00).

Medical costs in E-TFMHT and E-BOTH declined relative to C-NoMHT (t = 2.00, p < .05) and E-NoMHT (t = 1.96, p < .05).

We note that the decline in E-BOTH was reliably different from E-OMHT '(t = 2.02, p < .05).

Cost Trends in the CMD Diagnosis Group:

<u>Initial Medical Costs:</u> Within the CMD diagnosis group, E-TFMHT and E-BOTH had higher costs than C-NoMHT (t=9.68, p<.001) or than E-NoMHT (t=7.29, p<.001), C-OMHT (t=3.96, p<.005) and E-OMHT (t=4.86, p<.001).

Costs in C-OMHT were marginally greater than in C-NoMHT (t = 1.63, p < .11) while costs in the E-OMHT were greater than in E-NoMHT (t = 2.47, p < .02).

<u>Change in Medical Costs:</u> Costs in C-NoMHT increased to 126% of costs pre-MHT. Costs in E-NoMHT increased to 114% of costs in the pre-MHT period.

In contrast, medical costs declined by 10.1% in the E-TFMHT and E-BOTH, reliably different from C-NoMHT (t = 4.28, p < .001) and from E-NoMHT (t = 3.23, p < .01).

The decline in the TFMHT groups was also greater than in C-OMHT (t = 2.16, p < .05) or in E-OMHT (t = 1.82, p < .08). In short, the decline in E-TFMHT and E-BOTH was reliably greater than in the C-OMHT and E-OMHT (-294.07 v t176, t = 2.36, p < .02).

The cost increase in C-OMHT (+17.19%) was not different from the increase in C-NoMHT (+26.61%), t < 1.00. Similarly, the increase in E-OMHT (+6.35%) was not different from the increase in E-NoMHT (+14.33%), t < 1.00.

Relative to the C-NoMHT baseline of +26.61% increase in costs, costs in the TFMHT groups (-10.17%) declined by 36.70%.

Cost Trends in the CDP diagnosis group:

Overall the small number of CDP patients attenuated most differences.

Initial Medical Costs: There were no differences in initial costs between E-OMHT and E-NoMHT (t < 1.00) or between C-OMHT and C-NoMHT (t < 1.00). Initial costs in E-BOTH were reliably greater than in E-TFMHT (t = 2.06, p < .05) despite an <u>n</u> of only 6 in E-TFMHT. E-BOTH was reliably greater than C-NoMHT (t = 3.21, p < .002), E-NoMHT (t = 2.98, p < .003), C-OMHT (t = 2.14, p < .05) and E-OMHT (t = 2.66, p < .003).

<u>Chancre in Medical Costs:</u> Medical costs increased in C-NoMHT to 149% of those in the pre-MHT period. However, costs in E-OMHT increased to only 102.36% of those pre-MHT. Costs in C-OMHT declined 18.76% and this difference was borderline in relation to the increase in C-NoMHT (t = 1.83, p < .07). Costs increased in E-OMHT by 36.55% although not relieably different from E-NoMHT (t = 1.02).

The decline in E-BOTH was different from the increase in C-NoMHT (t = 1.90, p < .07) but not from E-NoMHT (t < 1.00). No other differences in the CDP group approached relaibility.

<u>Medical Cost Trends by MHT Status and by Diaanosis in the 18 Month</u> Lonaitudinal Cohort:

In the 18 month longitudinal cohort, 42.70% of C-NoMHT were CMD and 39.52% were CMD in E-NoMHT. The Neither diagnosis category comprised 56.47% of the C-NoMHT and 59.77% of E-NoMHT. CDP diagnoses accounted for .80% and .69% of C-NoMHT and E-NoMHT, respectively.

The project outreach efforts resulted in a case mix with 57.46% CMD, 30.51% Neither and 5.30% who were CDP.

In the C-OMHT, 41.20% were CMD, 49.75% were Neither and 9.04% were CDP. For E-OMHT, 46.08% were CMD, 50.77% were Neither and 3.18% were CDP.

CMD diagnoses formed a larger share of the 18 month longitudinal cohort (42.70%) than in the 6 month cohort (33.43%) or in the 12 month cohort (37.39%). These results are consistent with the enrollment and retention analyses above in that CMD recipients were more likely to remain enrolled for longer periods of time. Since the project case mix had larger percentages of CMD than OMHT or NoMHT it is not surprising that smaller percentages of project patients departed from Medicaid as a result.

For example, while OMHT had about the same percent CMD as in the NoMHT in the 18 month cohort (in contrast to the 6 and 12 month cohorts above), CMD continued to form about 57% of project patients.

<u>Initial Medical Costs Between DiagnosisGroups:</u>

As in the preceding cohort analyses, medical costs in the 18 month pre-MHT period were lower in Neither than in CMD for the C-NoMHT-Neither and the C-NoMHT-CMD ($t=9.80,\ P<.0001$) and for the E-NoMHT-Neither and the E-NoMHT-CMD ($t=12.78,\ p<.0001$).

E-NoMHT-Neither had lower costs than E-NoMHT-CDP (t = 3.28, p < .01) while C-NoMHT-Neither did not differ from C-NoMHT-CDP. There were no reliable differences between any of the CMD groups and any of the CDP groups, not surprising in view of the small $\underline{n}s$ in CDP.

Chanoe in Medical Costs Between Diagnosis Groups:

Medical costs for CMD showed a greater increase than Neither. For the C-NoMHT groups, CMD was greater than Neither (t623 v +14, t = 6.14, p <.001) and the same was true for the E-NoMHT groups (t375 v -23, t = 5.71, p < .001).

Medical costs for CDP increased more than for Neither. In the C-NoMHT groups, CDP showed a greater increase than Neither (t1779 v t14, t = 3.21, p < .01) as was the case for the E-NoMHT groups (t878 v -23, t = 2.20, p < .05).

Costs for CDP patients increased more than for CMD patients. For the C-NoMHT groups, CDP was greater than for CMD (t1779 v t623, t = 2.10, p < .05) although this difference was attenuated for the E-NoMHT groups (t878 v t375, t = 1.22).

Cost Trends in the Neither Diagnosis Group:

<u>Initial Medical Costs:</u> There was no difference between C-NoMHT and E-NoMHT (t < 1.00) in cost in the 18 month pre-MHT period.

C-OMHT had higher costs than C-NoMHT (t = 2.52, p < .02), while E-OMHT was not reliably different from E-OMHT (t = 1.03).

Costs in the E-TFMHT and E-BOTH were greater than in C-NoMHT (t=2.83, p<.02) or E-NoMHT (t=2.99, p<.02). There were no differences between TFMHT groups and C-OMHT (t's<1.00) and E-OMHT (t=1.56, p<.15) although the latter approached reliability.

Medical costs for OMHT were 253% (C-OMHT) and 150% (E-OMHT) of those for the respective NoMHT groups. Costs for the TFMHT groups were 246% of those in C-NoMHT and 264% fo those for E-NoMHT, due to the project outreach efforts.

<u>Change in Medical Costs:</u> Medical costs increased by 1.71% in C-NoMHT and declined by 3.02% in E-NoMHT but this was not a reliable difference (t < 1.00).

Medical costs in E-TFMHT and E-BOTH declined by 40.80% and 46.90%, respectively. This decline was different from C-NoMHT (-559, -1404 v t14, t = 2.53, p < .02) and from E-NoMHT (-559, -1404 v -23, t = 2.44, p < .02).

The decline in C-OMHT was marginally different from C-NoMHT (t = 1.57, p < .12) while there was no difference between E-OMHT and E-NoMHT (t < 1.00).

There was no difference bwetween the TFMHT groups and C-OMHT (t < 1.00), while the difference relative to E-OMHT was marginal (t = 1.63, p < .11).

Cost Trends in the CMD Diagnosis Group:

<u>Initial Medical Costs:</u> There was no difference between C-NoMHT and E-NoMHT in initial costs (t = 1.38). There were marginal trends for higher costs in C-OMHT and E-OMHT than in C-NoMHT and E-OMHT (t = 1.45, p < .15; t = 1.65, p < .10, respectively).

Costs in E-TFMHT and E-BOTH were higher than in C-NoMHT (t = 5.96, p < .001), in E-NoMHT (t = 6.57, p < .001) and higher than in C-OMHT (t = 1.60, p < .12) or E-OMHT (t = 2.98, p < .02). There was no difference between E-OMHT and C-OMHT (t = .72).

<u>Change in Medical Costs:</u> Medical costs in the C-NoMHT increased 31.38% and in the E-NoMHT costs increased by 20.75% for patients with a CMD diagnosis.

Costs in C-OMHT increased to 102% of pre-MHT costs which was not different from the increase in C-NoMHT (t = 1.21). Costs in E-OMHT increased to 110% of pre-MHT which was not different from the increase in E-NoMHT (t = .43).

Medical costs in E-TFMHT and E-BOTH declined by 18.51% and by 2.32%, respectively for an average decline of 11.81%. This decline was reliably different from C-NoMHT (t = 4.00, p < .001) and from E-NoMHT (t = 3.14, p < .02).

In turn the decline in the TFMHT groups was different from the trend in the OMHT groups (t = 1.68, p < .10).

Cost Trends in the CDP Diagnosis Group:

Medical costs increased by 37.51% in the E-NoMHT and by 102.83% (more than doubled) in the C-OMHT. Due to very small <u>ns</u>, however, there were no differences among groups in cost change.

Medical Cost Trends by MHT Status and by Diasnosis in the 24 Month Longitudinal Cohort:

In the 24 month cohort, 53.40% of C-NoMHT were in the Neither diagnosis category, 45.76% were CMD and .83% were CDP. In the E-NoMHT 56% were Neither, 43.25% were CMD and .64% were CDP.

In the MHT groups, **46.61% of C-OMHT were Neither**, **44% were** CMD and 9.1% were CDP. In **E-OMHT 45.16% were Neither**, **52% were CMD and 2.42% were CMD**.

In the TFMHT groups 32.70% were Neither, 58.49% were CMD and 8.8% were CDP.

As in the previous 18 month longitudinal cohort above, OMHT groups. had the same percentages of CMD as the NoMHT groups. The percent of CMD in NoMHT continued to increase (to the same level as OMHT) as we moved to longer-term eligibility cohorts. The percent CMD remained higher in the TFMHT groups than in the OMHT groups.

Initial Medical Costs Between Diagnosis Groups:

Costs in the 24 month pre-MHT period for the Neither diagnosis group were only 44.17% and 50.6% (C-NoMHT, E-NoMHT, respectively) of those in the respective CMD groups, a reliable difference (t = 9.51, p < .001; t = 6.23, p < .001, respectively). There were no differences bwtween CMD and CDP for these respective groups.

Chance in Medical Costs Between Diagnosis Groups:

Medical costs increased to a greater extent (by about 10 times as much) for CMD than for Neither. For the C-NoMHT groups, CMD was greater than Neither (+863 v +75, t = 5.09, p < .001) and for E-NoMHT groups (+611 v t61, t = 5.50, p < .001).

CDP costs also increased to a greater extent than for Neither. For the C-NoMHT groups, CDP was greater than Neither (t2349 v t75, t = 2.67, p c .02) although this difference was attenuated for the E-NoMHT groups (t934 v t61, t = 1.29).

Although CDP increased more than CMD the differences were attenuated in the C-NoMHT groups (t2349 v t863, t = 1.75, p < .10) and in the E-NoMHT groups (t934 v t611, t = .48).

Medical Cost Trends in the Neither Diagnosis Group:

<u>Initial Medical Costs:</u> There was no difference in medical costs in the pre-MHT period between C-NoMHT and E-NoMHT. Costs in C-0MHT were 296% of costs in C-NoMHT (t = 2.40, p < .02). Costs in E-0MHT were 178% of those in E-NoMHT although the difference was unreliable (t = .93).

Medical costs in the TFMHT groups were greater than in C-NoMHT (t = 1.95, p < .06) or in E-NoMHT (t = 2.20, p < .05), but not different from the OMHT groups (t < 1.00).

<u>Chanoe in Medical Costs:</u> Medical costs increased by 6.17% and 6.25% in the C-NoMHT and E-NoMHT, respectively and were not different.

Costs declined by 48.67% in C-OMHT relative to C-NoMHT (t = 2.23, p < .03). However, there was no difference between E-OMHT and E-NoMHT (t < 1.00), although costs declined by 20.13% in E-OMHT.

Costs declined 52% in the pooled E-TFMHT and E-BOTH groups, reliably different from C-NoMHT (t = 2.19, p < .03) and E-NoMHT (t = 2.18, p < .03). There were no differences between the TFMHT and OMHT groups, although the decline in E-BOTH was greater than in E-OMHT (t = 2.06, p < .05).

Medical Cost Trends in the CMD Diagnosis Group:

<u>Initial Medical Costs</u>: There was no difference between C-NoMHT and E-NoMHT (t < 1.00). C-OMHT had greater costs than C-NoMHT (t = 1.80, p < .08) while there was no difference between E-OMHT and E-NoMHT (t < 1.00).

Medical costs were greater in the E-TFMHT and E-BOTH groups than in C-NoMHT (t=6.58, p<.001), E-NoMHT (t=6.86, p<.001), in C-OMHT (t=2.99, p<.02) or E-OMHT (t=3.23, p<.01).

Medical costs in C-OMHT were 176% of costs in C-NoMHT while E-OMHT costs were 154% of E-NoMHT costs. In turn, costs in E-TFMHT and E-BOTH were 161% of those in C-OMHT and 194% of those in E-OMHT in the pre-MHT period.

Chance in Medical Costs: Medical costs in C-NoMHT increased by 36.45% while costs in E-NoMHT increased by 27.26% and tese tended to be different (t = 1.80, p < .08). Costs increased by 14.81% in C-OMHT and this was not reliably different from C-NoMHT (t < 1.00). Costs increased by 6.86% in E-OMHT also not different from E-NoMHT (t < 1.00).

Medical costs declined in the E-TFMHT and E-BOTH by 26.42%, reliably different from the increase in C-NoMHT (t=4.83, p<.001), in E-NoMHT (t=4.42, p<.001), in C-OMHT (t=2.43, p<.03) and in E-OMHT (t=2.42, p<.03).

Medical Cost Trends in the CDP Diagnosis Group:

While the $\underline{n}s$ in the MHT groups were too few to anlayze, medical costs in the C-NoMHT increased by 96.71% and by 29.80% in the E-NoMHT.

SUMMARY--SECTION 4. C.: Medical Costs by NHT Status and by Medical Diasnosis Group

- 1. In NoMHT, about 33% of recipients had a CMD diagnosis in the six month eligibility cohort and about 37% were CMD in the 12 month cohort. The percent CMD increased in the 18 and 24 month cohorts to about 40% and 44%, respectively. This trend was consistent with the enrollment analyses above demonstrating that CMD patients were more likely to remain on Medicaid for longer periods.
 - 1.A. About 41% of OMHT patients were CMD in the 6 and 12 month cohorts and increased to 46% and 52% in the 18 and 24 month cohorts.

 Relative to NoMHT, CMD patients tended to be over-represented in the OMHT groups.
 - 1.B. Project outreach efforts were directed to the high utilization segment of the Medicaid population. As a result between 57% and 61% of TFMHT patients depending on longitudinal cohort had a CMD diagnosis.
- 2. CMD patients in the NoMHT groups had medical costs that were consistently higher than Neither. CMD costs were 242-258% of Neither in the six month cohort, 253-251% in the 12 month cohort, 237-239% in the 18 month cohort, and 226-197% in the 24 month cohort.
 - 2. A. Patients with CDP diagnoses tended to have medical costs equal to or greater than the CMD patients although the very small <u>ns</u> for CDP attenuated differences.
 - 2. B. In general, medical costs for CMD patients increased between 14. 2% and 26. 6% per year in the E-NoMHT and C-NoMHT groups in the 12 month cohort. In contrast, patients in the Neither diagnosis group declined about 6. 6% and 3. 94% respectively in the 12 month cohort.
 - 2. c. Medical costs for CDP patients (not in MHT) showed consistent increases of 63.87% and 26.13% in the respective NoMHT groups in the six month cohort. In the 12 month cohort these were 49.42% and 2.36% with larger percentage increases in the 18 and 24 month cohorts.
- 3. The effect of MHT within Diagnosis groups:
 - 3. A. In the Neither diagnosis group, MHT patients (OMHT, TFMHT) had higher pre-MHT medical costs than NoMHT patients in each longitudinal eligibility cohort and TFMHT patients had higher costs than OMHT patients. E-BOTH had higher costs than E-TFMHT.
 - 3.A.1. There were no differences for change in medical costs between C-OMHT, E-OMHT and the respective NoMHT groups in the six or 12 month longitudinal cohorts. In the 18

month cohort, C-OMHT tended to decline relative to C-NoMHT and reliably declined in the 24 month cohort. However, there was no difference between E-OMHT and E-NoMHT in the 18 or 24 month cohorts.

- 3. A. 2. TFMHT groups declined in medical costs relative to NoMHT groups in each longitudinal cohort.
- 3.8. In the CMD diagnosis group, the MHT groups had higher initial medical costs than NoMHT in each longitudinal cohort.
 - 3.8.1. There were few differences between the OMHT groups and the NoMHT groups for change in medical costs. Medical costs for OMHT patients increased in each longitudinal cohort.
 - 3. B. 2. In contrast, medical costs declined for TFMHT groups relative to NoMHT groups in each longitudinal cohort. In general, costs tended to decline less for E-BOTH relative to E-TFMHT.
- 3. c. In the CDP groups, MHT patients tended to decline relative to NoMHT groups in the 6 month cohort. In the. 12 month cohort, C-OMHT declined relative to C-NoMHT while E-OMHT increased relative to E-NoMHT. TFMHT patients also declined relative to C-OMHT. There were too few MHT patients to analyze in the 18 and 24 month eligibility cohorts.

Section 4. D.: Medical Cost Trends by Mental Health Treatment
Status and by Medical Utilization Status: High
Utilizers (HU) vs Not High Utilizers (NHU)

The results summarized in Table 4.4.0.1, disaggregate by MHT and by whether patients were High Utilizers (HU) in terms of costs of medical utilization or Not High Utilizers (NHU). HU were defined as falling in the upper 15-16% of the distribution of medical costs for at least two out of three six month periods of Medicaid eligibility (above). The results are also arrayed by eligibility cohort (6, 12, 18, 24 months of continuous eligibility pre and post the six month period in which MHT was initiated.

<u>Medical Cost Trends in the Six Month ore and post-MHT Eligibility Cohort:</u>

From Table 4.4.D.1., for the C-NoMHT, $\underline{n}=2525$ or 15.02% (2525/16,821 = 15.02%) were in the HU category. For E-NoMHT, $\underline{n}=4683$ or 13.67% (4683/34,257 = 13.67%) fell in the HU category.

For C-OMHT, 52.08% (450/864 = 52.08%) fell in the HU category while for E-OMHT, 48.62% (757/1557 = 48.62%) fell in the HU category. These percentages of HU were consistent with the higher mean medical costs pre-MHT above.

In turn, for E-TFMHT and E-BOTH, 63.59% of patients (697/1096 = 63.59%) fell in the HU category.

Each mean for the E and C groups for pre-MHT cost in the HU category was reliably greater than in the respective NHU group (t's ranged from 4.45 to 31.23, p < .001) as one would expect, by definition.

<u>Initial Medical Costs in the NHU category:</u> Within the NHU group there was no difference in medical costs pre-MHT between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and C-OMHT (t < 1.00). Thus disaggregating by utilization level attenuated the typical empirical finding that MHT patients have higher medical cost levels pre-MHT for NHU.

However, within the NHU category, E-TFMHT and E-BOTH were reliably higher in cost than C-NoMHT (483, 494 v 287, t = 2.18, p < .05) and E-NoMHT (483, 494 v 285, t = 2.22, p < .05), in line with the outreach effort. Thus even among the NHU, TFMHT patients remained higher utilizers pre-MHT, in contrast to the OMHT results.

<u>Initial Medical Costs in the HU Category:</u> Within the HU category, there were no differences between E-NoMHT and E-OMHT (t < 1.00) or between C-NoMHT and C-OMHT (t < 1.00).

However, E-TFMHT and E-BOTH had higher costs pre-MHT than C-NoMHT (1461, 1398 v 1206, t=2.79, p<.02) and E-NoMHT (1461, 1398 v 1164, t=3.56, p<.01).

Thus the project outreach efforts resulted in a larger percentage of HU among TFMHT patients relative to either OMHT group and relative to the respective

NoMHT groups. In turn the TFMHT patients had higher pre-MHT costs even when disaggregated into HU and NHU.

Change in Medical Costs:

<u>Within the NHU Category:</u> There was no difference between E-NoMHT and C-NoMHT for change in medical costs (t < 1.00).

C-OMHT increased in costs relative to C-NoMHT (t212 v t45, t = 1.67, p < .10). There was no difference in medical cost change between E-OMHT and E-NoMHT (-66 v t26, t = 1.28).

E-TFMHT and E-BOTH declined in cost relative to C-NoMHT (-138, -163 v t45, t = 1.87, p < .07) and to E-NoMHT (-138, -163 v t26, t = 1.69, p < .10).

The TFMHT groups declined relative to C-OMHT (-138, -163 v t212, t = 2.54, p < .02) but not relative to E-OMHT (t < 1.00).

Within the HU Cateoory: C-NoMHT increased in medical costs relative to E-NoMHT (t48 v - 52, t = 2.03, p < .05).

C-OMHT declined relative to C-NoMHT (-120 v t48, t = 1.64, p <.11) while there was no difference between E-OMHT and E-NoMHT (-121 v -52, t = 1.28).

Medical costs in E-TFMHT and E-BOTH declined relative to C-NoMHT (t = 1 1.72, p < .08) but not relative to E-NoMHT (t < 1.00). Thus each MHT group declined relative to C-NoMHT and the decline-was not differential between groups.

Medical Cost Trends in the 12 Month pre and post-MHT Eligibility Cohort:

The HU category represented 15.9% of the C-NoMHT group and 17.46% of the C-NoMHT group.

However, 51.95% of C-OMHT and 48.19% of E-OMHT were in the HU category.

In the E-TFMHT and E-BOTH 67.08% were in the HU category, in line with the outreach efforts and consistent with the six month eligibility cohort results above.

Initial Medical Costs:

Within the NHU Catectory: There was no difference between C-NoMHT and E-NoMHT (t < 1.00), between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and E-OMHT (t < 1.00).

There was no difference between E-TFMHT and E-BOTH or between these groups and either C-NoMHT, C-OMHT (t's < 1.00) or E-NoMHT (t = 1.19), or E-OMHT (t <

1.00).

Within the HU Category: There was no difference between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and E-OMHT (t < 1.00).

However, medical costs for E-TFMHT and E-BOTH were reliably greater than for C-NoMHT (3133, 3053 v 2092, t = 6.41, p < .0001) or for E-NoMHT (3188, 3053 v 2073, t = 6.70, p < .0001).

Similarly, medical costs for E-TFMHT and E-BOTH were reliably greater than for C-OMHT (t = 2.76, p < .006, t = 2.61, p < .009, respectively) and greater than for E-OMHT (t = 4.39, p < .0001, t = 4.51, p < .0001, respectively).

Chancre in Medical Costs:

<u>Within the NHU Catesory:</u> There was no difference in change between the C-NoMHT and E-NoMHT (t < 1.00) and each increased by 17.60% and by 14.41%, respectively.

There was no difference in change between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and E-OMHT (t < 1.00).

However, the TFMHT groups declined in costs relative to C-NoMHT (-215, '-423 v +103, t = 1.81, p < .08) and relative to E-NoMHT (-215, -423 v t81, t.= 1.70, p < .08). The decline in the TFMHT groups was not reliably different from C-0MHT (t = 1.28) or from E-0MHT (t = 1.02) although the pattern is clearly different.

Within the HU Catectory: Medical costs increased in the C-NoMHT relative to E-NoMHT (t257 v -143, t = 4.71, p < .0001).

Costs in C-OMHT declined relative to C-NoMHT (-197 v t257, t = 2.07, p < .05). However costs in E-OMHT increased relative to E-NoMHT (t165 v -143, t = 1.84, p < .07).

Costs in E-TFMHT and E-BOTH declined relative to C-NoMHT (-597, -237 v t257, t = 4.09, p < .0001) and relative to E-NoMHT (-597, -237 v -143, t = 1.59, p < .12) and we note that E-TFMHT was reliably different from E-NoMHT (t = 1.98, p < .05).

While there was not a reliable difference between the TFMHT groups and C-OMHT (t < 1.00), medical costs declined in the TFMHT groups relative to E-OMHT (t = 2.56, p < .02).

Medical Cost Trends in the 18 Month pre and post-MHT Eligibility Cohort:

The HU category represented 19.65% of the C-NoMHT group and 17.08% of the E-NoMHT group.

For the C-OMHT group 53.26% were in the HU category and 48.69% of E-OMHT were in th HU category.

In the E-TFMHT and E-BOTH, 63% were in the HU category.

Initial Medical Costs:

Within the NHU Category: There was no difference between C-NoMHT and E-NoMHT (t < 1.00), nor between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and C-OMHT (t < 1.00).

E-BOTH tended to have higher initial costs than E-TFMHT (t = 1.83, p < .07) and the mean for the two groups was not different from C-NoMHT (t < 1.00), E-NoMHT (t = 1.07), C-OMHT (t < 1.00), or E-OMHT (t < 1.00).

Within the HU Category: There was no difference between C-NoMHT and E-NoMHT (t < 1.00). There was no difference between C-NoMHT and C-OMHT (t = 1.22) or between E-NoMHT and E-OMHT (t < 1.00).

The E-TFMHT had higher costs than E-BOTH (t = 2.69, p < .01) and these together had higher medical costs in the pre-MHT period than C-NoMHT (t = 3.84, p < .001) and E-NoMHT (t = 4.57, p < .001). The TFMHT groups were not reliably higher than C-OMHT (t = 1.17) but were higher in initial costs than E-OMHT (t = 3.71, p < .001).

Chance in Medical Costs:

Within the NHU cateoory: Medical costs in the C-NoMHT increased by 32.26% and by 23.44% in the E-NoMHT.

There was no difference between the C-NoMHT and E-NoMHT (t=1.32), nor was there a difference between C-OMHT and C-NoMHT (t<1.00) for change in medical costs, nor between E-OMHT and E-NoMHT (t<1.00).

E-TFMHT and E-BOTH declined relative to C-NoMHT ($t=1.67,\ p<.10$) and the decline for E-BOTH was reliably different from C-NoMHT ($t=2.22,\ p<.05$). The TFMHT groups tended to be different from the E-NoMHT (t=1.46).

Costs declined by 13.02% in E-TFMHT and by 50.73% in E-BOTH for an average of 30.22%.

<u>Within the HU category:</u> Medical costs in the C-NoMHT increased by 10.16% but declined in E-NoMHT by 3.96% and this difference was reliable (t = 3.14, p < .002).

Medical costs declined in C-OMHT relative to C-NoMHT (-673 v +316, t = 2.36, p < .02). However medical costs in E-OMHT increased relative to E-NoMHT

although the difference was unreliable (\pm 203 v -116, t = .96).

E-TFMHT and E-BOTH declined in cost relative to C-NoMHT (t = 2.74, p < .004) and tended to decline relative to E-NoMHT (t = 1.46, p < .12). E-TFMHT declined relative to E-OMHT (-1248 v -116, t = 2.82, p < .005).

Medical costs in E-TFMHT declined by 23.60% and by 1.99% in E-BOTH for an average decline of 13.12%.

Medical Cost Trends in the 24 Month pre and post-MHT Eligibility Cohort:

For C-NOMHT, 21.15% fell in the HU category while 18.43% fell in the HU category.

For C-OMHT, 55.68% were in HU while 50.81% of E-OMHT were in the HU category.

For the TFMHT groups, 64.15% were in the HU category.

<u>Initial Medical Costs in the NHU category:</u> There was no difference between C-NoMHT and E-NoMHT (t < 1.00), C-NoMHT and C-OMHT (t < 1.00), or between E-NoMHT and E-OMHT (t < 1.00).

Similarly, there was no difference between the TFMHT groups and C-NoMHT (t = 1.39), although the difference relative to E-NoMHT approached reliability (t = 1.47, p < .15). There were no differences between the TFMHT groups and the OMHT groups (ts < 1.00). E-BOTH had reliably greater costs than E-TFMHT (t = 2.16, p < .05).

<u>Initial Medical Costs in the HU category:</u> C-NoMHT tended to have higher costs than E-NoMHT (4011 v 3605, t=1.62, p<.11). C-OMHT had higher costs than C-NoMHT (5771 v 4011, t=1.96, p<.05) but there was no difference between E-OMHT and E-NoMHT (t<1.00).

E-TFMHT had higher costs than E-BOTH (9282 v 5619, t = 2.93, p < .004). However, the mean for these groups did not differ from C-NoMHT (t < 1.00) but tended to be higher than in E-NoMHT (t = 1.76, p < .10). There were no differences between the TFMHT groups and the OMHT groups.

<u>Change in Medical Costs in the NHU category:</u> There was no difference between the C-NoMHT and E-NoMHT (t < 1.00). C-NoMHT increased by 39.96% while E-NoMHT increased by 35.03%.

There was no difference between C-NoMHT and C-OMHT (t < 1.00) although C-OMHT increased by 80.98%

E-OMHT declined relative to E-NoMHT (-549 v +378, t = 1.40, p < .17) although unreliable due to the small \underline{n} in E-OMHT.

The E-BOTH declined relative to E-TFMHT (-3015 v -72, t = 2.01, p < .05). The TFMHT groups together declined relative to the C-NoMHT (t = 2.12, p < .05) and relative to the E-NoMHT (t = 2.02, p < .05) and relative to the C-OMHT (t = 1.72, p < .10). There was no difference relative to E-OMHT (t < 1.00).

Taken together, costs in the E-TFMHT and E-BOTH declined 24.12%.

SUMMARY--Section 4. D.: Medical Cost Trends by High User and by MHT Status

- 1. Among OMHT users larger percentages fell in the HU category than among NoMHT. TFMHT groups had higher percentages in the HU category than was the case in OMHT groups, consistent with the outreach effort.
- 2. Within the HU and NHU groups, mean medical costs did not differ between OMHT and NoMHT. In general, it seems that mean medical costs were higher in OMHT than in NoMHT because more OMHT patients were Higher Utilizers than in NoMHT.
- 3. For the NoMHT population, HU costs were about 400% of those for the NHU group in the six month longitudinal eligibility cohort. The upper 15% of the distribution of medical utilization thus accounted for about 80% of medical costs. The ratio for costs between HU and NHU remained about 350% in the 12, 18, and 24 month cohorts. Thus HU accounted for about 78% of medical costs in these cohorts.
- 4. The dissagregation by HU and NHU provided one way to assess the effect of MHT while equating in part on initial levels of medical costs. Within HU and within NHU there were no differences in mean initial medical costs between OMHT and NoMHT groups.

In the NHU group, TFMHT groups continued to have higher mean medical costs than the respective NOMHT groups in the six and 24 month cohorts but not in the 12 or 18 month cohorts.

In the HU group, the TFMHT grouups had higher mean medical costs pre-MHT than the NoMHT in the 6, 12 and 18 month eligibility groups. Thus the project outreach efforts resulted in patients who had higher utilization levels even when disaggregated by HU and NHU status.

5. The effect of OMHT in the NHU group:

There was little change in medical costs for OMHT groups relative to NoMHT in the 12 and 18 month cohorts. In the six month cohort, C-OMHT tended to increase relative to C-NoMHT while E-OMHT tended to decline

relative to E-NoMHT. In the 24 month cohort, C-OMHT tended to increase relative to C-NoMHT while E-OMHT tended to decline relative to E-NoMHT.

6. The effect of OMHT in the HU group:

In the six month cohort, C-OMHT declined relative to C-NoMHT while there was no difference between E-OMHT and E-NoMHT. In the 12 month cohort, C-OMHT declined relative to C-NoMHT while E-OMHT increased relative to E-NoMHT. This pattern also held in teh 18 and 24 month cohort.

7. The effect of TFMHT:

In the NHU category, TFMHT patients declined in costs and declined relative to NoMHT groups, in each longitudinal cohort. In the HU category, TFMHT groups declined relative to C-NoMHT baseline as well as the E-NoMHT group. In the 12, 18, 24 month cohorts, TFMHT groups declined relative to E-OMHT.

8. Finally, TFMHT groups had higher mean medical costs than NoMHT or OMHT in the respective HU and NHU groups, and TFMHT groups in the HU category had about 3 times the level of costs as TFMHT groups in the NHU category. However, the magnitude of the decline in medical costs in the TFMHT was the same whether in HU or NHU, making regression explanations less likely for these results.

Section 4. E.: Medical Cost Trends by Mental Health Treatment Status and by Gender

The results for the disaggregation by gender are summarized in Table 4.4.E.1. for medical cost trends.

Medical Cost Trends in the Six Month pre and post-MHT Eligibility Cohort:

Females comprised 60.4% of the C-NoMHT and 59.45% of the E-NoMHT groups. In turn females comprised 64.00% and 60.43% of the C-OMHT and E-OMHT groups, respectively. Females comprised 74% and 69.98% of the E-TFMHT and E-BOTH groups.

Initial Medical Costs Between Gender Groups:

In the C-NoMHT groups, females had higher medical costs than males (451 v 384, t=2.35, p<.02). Similarly, females in E-NoMHT had higher costs than males (435 v 361, t=3.71, p<.001).

Females also had lower costs than males in C-OMHT (723 v 947, t = 1.74, p < .10) but were not different than males in E-OMHT (754 v 728, t < 1.00).

Females in the E-TFMHT and E-BOTH had higher costs than males (1150 v 917, t = 1.94, p < .06).

Change in Medical Costs Between Gender Groups:

There was no difference in change in medical costs between females and males in C-NoMHT (t < 1.00) or in E-NoMHT (t = 1.39).

However, in C-OMHT females increased in cost relative to males (+169 v -191, t = 2.54, p < .02). Females increased 23.37% and males declined 20.16%.

There was no difference between males and females in the E-OMHT (t < 1.00).

There was no difference between females and males within the E-TFMHT group (-70 v -100, t < 1.00) while females in E-BOTH declined relative to males (-306 v +151, t = 2.52, p < .02). We note that females in the combined E-TFMHT and E-BOTH declined relative to males (-180 v +34.93, t = 1.62, p < .12).

Initial Medical Costs Within the Female group:

There was no difference between C-NoMHT and E-NoMHT (t < 1.00).

C-OMHT had higher costs than C-NoMHT (723 v 451, t = 3.42, p < .001) and E-OMHT had higher costs than E-OMHT (754 v 435, t = 5.26, p < .001).

Medical costs were reliably greater in the E-TFMHT and E-BOTH than in the C-NoMHT (983, 1342 v 451, t = 10.25, p < .001) or than in E-NoMHT (983, 1342 v 435, t 10.67, p < .001).

Similarly costs were greater in the TFMHT groups than in either the C-OMHT (t = 4.19, p < .001) or in E-OMHT (t = 4.64, p .001).

The results for females in terms of the pattern of differences in initial medical costs closely resemble the pattern in the aggregated analyses above as on might expect since females accounted for beteen 60% and 74% (depending on MHT group) of Medicaid recipients in these analyses.

Initial Medical Costs Within the Male Group:

There was no difference between C-NoMHT and E-OMHT (t < 1.00).

Initial costs were higher in C-OMHT than in C-NoMHT (947 v 384, t=5.33, p<.0001). Initial costs were also higher in E-OMHT than in E-NoMHT (728 v 361, t=5.26, p<.0001).

Initial costs were higher in the E-TFMHT and E-BOTH than in C-NoMHT (748, 1048 v 384, t = 5.23, p < .0001) or in E-NoMHT (748, 1048 v 361, t = 5.49, p < .0001).

However, there was no difference between the TFMHT groups and the C-OMHT (t < 1.00) while the TFMHT groups tended to be higher than E-OMHT (t = 1.52, p < .15) mainly due to the difference between E-BOTH and E-OMHT (t = 2.10, p < .05).

Change in Medical Costs Within the Female Group:

There was no difference between the increase of 9.09% in the C-NoMHT and the increase of 6.44% in the E-NoMHT (+41 v +28, t < 1.00).

Costs tended to increase in C-OMHT relative to C-NoMHT (+169 v +41, t = 1.47, p < .15), while costs tended to decline in E-OMHT relative to E-NoMHT (-88 v +28, t = 1.74, p < .09). E-OMHT declined relative to C-OMHT (-88 v +169, t = 2.40, p < .02).

Costs in the E-TFMHT and E-BOTH declined relative to C-NoMHT -70, -306 v +41, t = 2.95, p < .02). Similarly costs declined relative to E-NoMHT also (-70, -306 v +28, t = 2.82, p < .02).

Costs declined in the TFMHT groups relative to C-OMHT (t = 3.12, p < .01), but there was no reliable difference relative to E-OMHT (t < 1.00), although E-BOTH tended to decline relative to E-OMHT (t = 1.75, p < .08).

Costs declined an average of 12.92% in E-TFMHT and E-BOTH, declined 11.67% in E-OMHT, and increased 23.37% in C-OMHT.

Change in Medical Costs Within the Male Group:

Costs increased in the C-NoMHT relative to E-NoMHT (+54 v -3, t = 1.90, p < .06).

C-OMHT declined relative to C-NoMHT (-191 v +54, t=2.11, p<.05) although there was no reliable difference between E-OMHT and E-NoMHT (-88 v -3, t=1.18).

Males in E-TFMHT declined relative to C-NoMHT, although the difference was unreliable (t=1.00). Males in E-BOTH increased in costs although not reliably different from C-NoMHT (t=.65) or from E-TFMHT (+151 v -115, t=1.19).

The pooled mean for E-TFMHT and E-BOTH was not different from C-NoMHT (+34.93 v +54, t < 1.00) or from E-NoMHT (+34.93 v -3, t < 1.00) and was not reliably different from C-OMHT (+34.93 v -191, t = 1.43) or from E-OMHT (t < 1.00).

Medical Cost Trends by MHT Status and By Gender in the 12 Month Eligibility Cohort:

Females comprised 61.56% of the C-NoMHT group and 58.02% of the E-NoMHT group.

In C-OMHT, females were 67.31% and in E-OMHT females were 61.17%.

Females comprised 72.99% of the E-TFMHT and E-BOTH groups.

Initial Medical Costs Between Gender Groups:

While there was no difference in C-NoMHT between females and males (876 v 804, t=1.15), in E-NoMHT females had higher costs than males (890 v 668, t=5.11, p < .0001).

In contrast, males had higher costs in C-OMHT (2009 v 1226, t=2.31, p < .03), but there was no reliable difference in E-OMHT (1308 v 1096, t<1.00) between females and males.

Females in E-TFMHT had higher medical costs than males (2153 v 1363, t = 2.03, p < .05) and females in E-BOTH had higher costs than males (3086 v 2029, t = 2.77, p < .006).

Change in Medical Costs Between Gender Groups:

There was no difference for change in medical costs in the C-NoMHT between females and males (+154 v +90, t = 1.10), with females increasing 17.57% and males increasing 11.19%.

However in E-NoMHT, females increased in cost relative to males (+82 v -10, t = 2.23, p < .03).

Females in C-OMHT increased in cost relative to males (+371 v -908, t = 4.01, p < .0001) with the same pattern in E-OMHT (+122 v -10, t < 1.00) although an unreliable difference.

Females in E-TFMHT and E-BOTH declined relative to males (t = 1.24, t = 3.12, p < .002, respectively.

Initial Medical Costs Within the Female Group:

There was no difference between C-NoMHT and E-NoMHT (t < 1.00).

C-OMHT tended to have higher initial costs than C-NoMHT (1226 v 876, t = 1.77, p < .08). E-OMHT had higher costs than E-NoMHT (1308 v 890, t = 2.53, p < .007).

E-BOTH had higher costs than E-TFMHT (t = 3.29, p < .001). Medical costs in the E-TFMHT were greater than in C-NoMHT (t = 6.49, p < .001), and E-NoMHT (t = 6.48, p < .001).

Medical costs in E-TFMHT were greater than in C-OMHT (t = 3.39, p < .001) and E-OMHT (t = 3.45, p < .01). Medical costs in E-BOTH were reliably greater than each other group.

<u>Initial Medical Costs Within the Male Group:</u>

Medical costs were greater in the C-NoMHT than in the E-NoMHT (804 v 668, t = 2.29, p < .03).

Medical costs were greater in the C-OMHT than in C-NoMHT (t = 4.27, p < .001) and were greater in E-OMHT than in E-NoMHT (t = 2.23, p < .03).

Medical costs in E-BOTH were greater than in E-TFMHT ($t=1.43,\,p<.16$) and Medical costs in E-TFMHT were greater than in C-NoMHT ($t=1.64,\,p<.11$) or E-NoMHT ($t=2.05,\,p<.05$).

E-TFMHT tended to be higher than in C-OMHT (t =1.48, p < .14) but not in E-OMHT (t < 1.00). E-BOTH was not different from C-OMHT (t < 1.00) but was greater than E-OMHT (t = 2.51, p < .02).

Medical Cost Change Within the Female Group:

Costs increased in the C-NoMHT relative to E-NoMHT (\pm 1.63, p < .11).

Although costs increased in C-OMHT relative to C-NoMHT (+371 v +154, t=1.16) and in E-OMHT relative to E-noMHT (+122 v +82, t=.28), the difference was

unreliable in both comparisons.

Costs declined in E-TFMHT relative to the C-NoMHT baseline (-517 v +154, t = 3.62, p < .001) and relative to the E-NoMHT (-517 v +82, t = 3.26, p < .002).

The same was true for the E-BOTH where costs declined relative to C-NoMHT (-595 v +154, t = 3.77, p < .0002) and relative to E-NoMHT (-595 v +82, t = 3.43, p < .001).

E-TFMHT declined relative to C-OMHT (-517 v +371, t = 3.45, p < .001) and to E-OMHT (-517, +122, t = 2.77, p < .006). E-BOTH declined relative to C-OMHT (-595 v +371, t = 3.61, p < .001) and E-OMHT (-595 v +122, t = 2.97, p < .003).

Change in Medical Costs Within the Male Group:

Costs tended to increase in the C-NoMHT relative to E-NoMHT (+90 v -10, t = 1.77, p < .08).

Costs declined in the C-OMHT relative to C-NoMHT (-908 v +90, t = 3.75, p <.001), however There was no difference between E-OMHT and E-NoMHT (t < 1.00).

While there was no reliable difference between E-TFMHT and E-BOTH (-64 v +525, t = 1.34), we look at these effects separately rather than pooled together. E-TFMHT did not differ from C-NoMHT (t < 1.00) or from E-NoMHT (t < 1.00). E-BOTH tended to increase relative to C-NoMHT (t = 1.43, p < .16) and relative to E-NoMHT (t = 1.76, p < .08).

Medical Cost Trends by Mental Health Treatment Status and by Gender in the 18 Month Pre and Post MHT Eligibility Cohort:

Females comprised 61.9% of the C-NoMHT and 61.4% of the E-NoMHT.

In the C-OMHT group females were 69.8% and were 63.77% of the E-OMHT.

In contrast, females comprised 74.22% of the E-TFMHT and the E-BOTH.

<u>Initial Medical Costs Between Gender Groups:</u>

For C-NoMHT, there was no difference between females and males in initial medical costs (1284 v 1354, t < 1.00). However females had higher costs than males in the E-NoMHT (1319 v 972, t = 4.21, p < .0001).

Females had lower costs than males in the C-OMHT group (1798 v 3723, t=2.54, p<.02) while there was no difference in the E-OMHT group (t<1.00).

Females in the E-TFMHT had higher costs than males (3379 v 1770, t = 2.14, p < .05) although there was no difference in the E-BOTH (3484 v 3435, t < 1.00).

Change in Medical Costs Between Gender Groups:

Females in C-NoMHT tended to increase medical costs relative to males (t351 v t185, t = 1.66, p < .10), while there was no difference between females and males in E-NoMHT (t < 1.00).

Males in C-OMHT declined relative to females (-1841 v t387, t = 3.47, p < .001), while the difference between females and males in E-OMHT was not reliable (t 195 v -194, t < 1.00).

Females in E-TFMHT declined relative to males (-1020 v t482, t = 2.35, p < .02). Similarly females declined relative to males in E-BOTH, although unreliable (t = 1.19).

Initial Medical Costs Within the Female Group:

There was no difference between C-NoMHT and E-NoMHT (1284 v 1319 (t < 1.00)

C-NoMHT did not differ from C-OMHT (1284 v 1798, t = 1.21) while E-OMHT tended to have higher costs than E-NoMHT (1870 v 1319, t = 1.64 p < .11).

In each case the E-TFMHT and E-BOTH groups had higher medical costs than the C-NoMHT, E-NoMHT, C-OMHT, and E-OMHT (t's ranged from 2.84, p < .003 to 5.57, p < .001).

Initial Medical Costs Within the Male Group:

Initial medical costs were greater in the C-NoMHT than in the E-NoMHT (1354 v 972, t = 3.36, p < .0008).

C-OMHT had higher costs than C-NoMHT (3723 v 1354, t = 3.70, p < .001), while there was no difference between E-OMHT and E-NoMHT (1441 v 972, t = 1.06).

E-TFMHT had lower costs than E-BOTH (1770 v 3435, t = 1.76, p < .08). E-TFMHT was not different from C-NoMHT (t < 1.00) or E-NoMHT (t = 1.21). E-BOTH also had higher medical costs than either C-NoMHT (t = 3.03, p < .001) and E-NoMHT (t = 3.60, p < .001).

E-TFMHT had lower costs than C-OMHT (1770 v 3723, t=2.14, p<.05) but not E-OMHT (t<1.00). E-BOTH was not different from C-OMHT (t<1.00) and was higher than E-OMHT (3435 v 1441, t=2.46, p<.02).

Chanae in Medical Costs Within the Female Group:

C-NoMHT increased relative to E-NoMHT (t351 v t166, t = 2.45, p < .02).

There was no difference between C-NoMHT and C-OMHT (t < 1.00) or between E-NoMHT and C-OMHT (t < 1.00).

Medical costs declined in E-TFMHT relative to C-NoMHT (-1020 v +351, t = 4.30, p < .001) and relative to E-NoMHT (-1020 v +166, t = 3.75 p < .001).

Similarly, E-BOTH declined relative to C-NoMHT (-526 v t351, t = 2.40, p < .02) and relative to E-OMHT (-526 v t 166, t = 1.91, p < .06).

E-TFMHT also declined relative to C-0MHT (-1020 v t387, t = 2.98, p < .003) and relative to E-0MHT (-1020 v +195, t = 2.89, p < .004). E-BOTH declined relative to C-0MHT (-526 v t387, t = 1.81, p < .08) and to E-0MHT (-526 t 195, t = 1.58, p < .12), although these latter comparisons were attenuated.

Chance in Medical Costs Within the Male Group:

There was no difference between the C-NoMHT and the E-NoMHT (t < 1.00).

C-OMHT declined relative to C-NoMHT (-1841 v t185, t = 3.73, p < .001) while there was no difference between E-OMHT and E-NoMHT (-194 v +100, t = .78).

Neither E-TFMHT nor E-BOTH differed in change from either C-NoMHT or from E-NoMHT (t's < 1.00).

C-OMHT declined relative to E-TFMHT (-1841 v t 482, t = 3.00, p < .003) and to E-BOTH (-1841 v t282, t = 2.69, p < .008). E-OMHT did not differ from E-TFMHT or E-BOTH (t = 1.10, t = .69, respectively).

<u>Medical Cost Trends in the Twenty-four Month Pre and Post-MHT Eligibility</u> Cohort:

Females comprised 63.45% of C-NoMHT and 62.5% of E-NoMHT. Females also comprised 71~% of C-OMHT and 65% of E-OMHT, and 70% of the E-TFMHT and E-BOTH groups.

Initial Medical Costs Between Gender Groups:

In the C-NoMHT, there was no difference between females and males in initial costs. However, females had higher costs than males in E-NoMHT (1709 v 1269, t = 3.26, p < .002). Females had lower costs than males in C-OMHT (2793 v 5881, t = 2.10, p < .05) but there was no difference in E-OMHT (3048 v 2793, t < 1.00).

Females in E-TFMHT had higher costs than males (6290 v 2178, t = 2.59, p < .02) and in E-BOTH lower costs than males although this was unreliable (4971 v 6497, t = 1.01).

Change in Medical Costs Between Gender Groups:

Females increased costs by 30.51% in C-NoMHT, while males increased by 18.64% and this difference was not reliable (t525 v t333, t = 1.20). There was no difference in E-NoMHT (t345 v t236, t < 1.00).

Females in C-OMHT increased in cost relative to the decline among males (t625 v -3071, t = 3.04, p < .003). The same pattern held in E-OMHT although the difference was unreliable (t124 v -398, t = .54).

Females in E-TFMHT declined relative to males (-2313 v t218, t = 1.93, p < .06) as was the case in E-BOTH (-1598 v t 21, t = 1.32). Obviously the small \underline{n} s contributed to the unreliability of this difference and that obtained in E- \underline{n} 0MHT.

Initial Medical Costs Within the Female Group:

There was no difference between C-NoMHT and E-NoMHT (t < 1.00).

Initial costs were greater in C-OMHT than C-NoMHT (although unreliable, t=1.35) and were greater in E-OMHT than in E-NoMHT (3048 v 1709, t=1.92, p < .06).

Initial costs in E-TFMHT and E-BOTH were greater than in either C-NoMHT or E-NoMHT (t's ranged from 3.83 to 5.48, p < .001).

E-TFMHT and E-BOTH were greater than in either C-OMHT or E-OMHT (t's ranged from 1.77, p, .08 to 3.07, p < .003).

<u>Initial Medical Costs Within the Male Group:</u>

Initial medical costs were greater in C-NoMHT than in E-NoMHT (1786 v 1269, t = 2.75, p < .01).

Initial costs were greater in C-OMHT than in C-NoMHT (5881 v 1786, t=3.26, p < .002) while there was no difference between E-OMHT and E-NoMHT (t<1.00).

Medical costs were greater in E-BOTH than in E-TFMHT (6467 v 1920, t = 2.35 p < .02). There was no difference between E-TFMHT and C-NoMHT or E-NoMHT (t's < 1.00). E-BOTH was greater than either C-NoMHT (t = 3.80, p < .001) or E-NoMHT (t = 4.24, p < .001).

In turn E-TFMHT was less than C-OMHT (2178 v 5881, t = 2.01, p, .05), but not different from E-OMHT. E-BOTH was not different from C-OMHT (t < 1.00) and was greater than E-OMHT (6467 v 1920, p < .004).

Chanae in Medical Costs Within the Female Group:

Change in medical costs tended to increase in C-NoMHT relative to E-NoMHT (\pm 525 v 345, t = 1.52, p < .13). There were no differences between C-NoMHT and C-OMHT or between E-NoMHT and E-OMHT.

The TFMHT groups declined reliably relative to C-NoMHT (t= 4.13, p < .001, t = 3.03, p < .003, respectively) and to E-NoMHT (t = 3.89, p < .001, t = 2.79, p < .006, respectively).

There was no difference in change between E-TFMHT and E-BOTH (t < 1.00).

E-TFMHT and E-BOTH declined reliably in relation to C-OMHT (t = 3.13, p < .002, t= 2.34, p < .02, respectively) and to E-OMHT (t = 2.74, p < .007, t = 1.92, p < .06, respectively).

Chanae in Medical Costs Within the Male Group:

There was no difference between C-NoMHT and E-OMHT (t < 1.00).

C-OMHT declined relative to C-NoMHT (-3071 v t333, t = 3.29, p < .01) while there was no difference between E-OMHT and E-NoMHT (t < 1.00).

There werre no differences between the E-TFMHT, E-BOTH, C-NoMHT and E-NoMHT (t's < 1.00).

C-OMHT declined relative to E-TFMHT (-3071 v +218, t = 2.16, p < .05) and relative to E-BOTH (-3071 v t21, t = 2.15, p < .05).

SUMMARY--SECTION 4. E.: Medical Costs by MHT and by Gender

- 1. The results disaggregated by gender are complex with differing patterns for females than for males. In each longitudinal cohort in the NoMHT groups females had higher initial pre-MHT medical costs than males.
- 2. For Females: Those in OMHT had higher medical costs pr-MHT than those in the NoMHT groups.
 - 2. A. Those in C-OMHT increased in cost and the increase was not different from C-NoMHT.
 - 2.8. With the exception of the six month cohort, females in E-OMHT increased in cost and this increase did not differ from that in E-NoMHT.
 - 2. c. Females in E-TFMHT and E-BOTH had higher initial medical costs than NoMHT or OMHT.
 - 2.0. Females in E-TFMHT and E-BOTH consistently declined in medical costs in each longitudinal cohort relative to C-NoMHT and C-OMHT and relative to E-OMHT and E-NoMHT.
- 3. For Males: Males in OMHT had higher initial pre-MHT costs than NoMHT in each longitudinal cohort.
 - 3. A. Males in C-OMHT consistently declined in medical costs relative to C-NoMHT in each longitudinal cohort.
 - 3. B. Males in E-OMHT did not differ reliably from E-NoMHT for change in medical costs, although the pattern of mean change was similar to C-OMHT relative to C-NoMHT in all but the 12 month cohort.
 - 3. C. Males in the TFMHT groups had higher initial medical costs than NoMHT but not higher than OMHT groups, although this was primarily due to the E-BOTH having substantially higher costs than E-TFMHT.
 - 3.0. Males in the TFMHT groups generally did not decline in medical costs relative to C-NoMHT in each longitudinal cohort.
- 4. Thus the effect of TFMHT on medical costs was most clear with females while OMHT had no effect on medical costs. In contrast the effect of TFMHT was not clear for males while the effect of OMHT was most clear in C-OMHT.

SUMMARY: Results, Section 4: The Relationship between MHT and Trends for Medical Costs

For the Medicaid population available to the project that was captured by the longitudinal eligibility cohorts, average medical costs per unit time period increased by about 7% in the 12 month cohort and by about 19% in the 24 month cohort in 1983 constant dollars.

Using the 12 month cohort (30 months with continuous eligibility) as a picture (balancing between the greater \underline{n} in the 6 month but relatively shorter duration for cost levels and the 18 or 24 month cohorts with longer duration but fewer \underline{n}) we can summarize the overall cost trends in terms of the dimensions by which the results were disaggregated.

AGE: Recipients in the 0-17 category had much lower levels of medical costs than adults in teh 18-59 category or the 60t category. For childern (0-17) medical costs declined in constant dollars between 11% and 15.5% in the E-NoMHT and C-NoMHT, respectively.

Adults in the 18-59 group declined about 8% in the E-NoMHT and increased by about 4% in the C-NoMHT. The weighted average for E and C NoMHT was a decline of 3.85% in constant dollars,

In contrast, medical costs increased.sharpely to about 156% and 163% of pre-MHT period costs. This change increased to about 182% and 190% in the 24 month cohort. Although representing about only 10-11% of the six month cohort and 12-13% of the 12 month cohort, the rise in medical costs in the 60t category seems to have accounted for the overall rise in the Medicaid population.

<u>Medical Diagnoses:</u> Recipients with one of the target medical diagnoses (CMD) increased by about 14% and by nearly 27% in E-NoMHT and and C-NoMHT, respectively, in the 12 month cohort. In contrast, NonCMD recipients declined between 6.64% and 4%.

Although the extent to which results from CDP could be analysed was limited due to small \underline{n} S, several distinct trends were observed. Costs increased by 2.36% in E-NoMHT but by 49% in C-NoMHT.

<u>Medical Utilization Levels:</u> Recipients who were Not High Utilizers (NHU), increased in medical costs between 14.4% and 17.60% in the E-NoMHT and C-NoMHT respectively. High Utilizers declined 6.89% in E-NoMHT and increased 12.28% in C-NoMHT.

<u>Gender:</u> Females comprised about 61% of the patient distribution in the 12 month cohort and increased in medical costs between 95 and 17.58% in the NoMHT groups. Males declined in cost between 1.49% in E-NoMHT, but increased 11.19% in C-NoMHT.

Trends for Change in Medical Costs:

From the aggregated analyses, TFMHT patients (E-TFMHT, E-BOTH) declined in medical costs relative to E-NoMHT and C-NoMHT in each longitudinal cohort.

C-OMHT declined relative to C-NoMHT in the 18 month and 24 month cohorts but not in the 6 or 12 month cohorts.

In contrast, E-OMHT declined relative to E-NoMHT in the 6 month cohort but not in the remaining three cohorts.

<u>AGE:</u> There were no reliable differences among groups for change in the 0-17 category (although the patterns were consistent with the overall aggregated analysis), in all likelihood due to a floor effect.

The results for the 18-59 category mirrored the aggregated results. TFMHT patients declined in costs relative to C-NoMHT and E-NoMHT in each longitudinal cohort.

For the 18-59 category, C-OMHT was not different from C-NoMHT in the six month cohort or 12 month cohort, declined in the 18 month cohort but not in the 24 month cohort. E-OMHT declined relative to E-NoMHT in the six month cohort but not in the remaining cohorts.

For the 60t category, costs for TFMHT patients declined relative to C-NoMHT and E-NoMHT in the six month cohort. However the <u>ns</u> became too small for reliable differences to emerge in the remaining cohorts. There were no differences between C-OMHT and C-NoMHT and both increased substantially in cost. E-OMHT was not reliable different from E-NoMHT although the pattern showed costs either rising less than E-NoMHT or declining relative to E-NoMHT.

<u>Medical Diagnoses:</u> For NonCMD patients, TFMHT patients declined relative to C-NoMHT and E-NoMHT in each longitudinal cohort. There were no differences between C-OMHT and C-NoMHT for NonCMD patients.

For CMD patients, TFMHT patients declined relative to C-NoMHT and E-NoMHT in each cohort.

There were no differences between C-OMHT and C-NoMHT for CMD patients and both showed substantial (about 26%) increases in costs. In the six month cohort, E-OMHT patients declined relative to E-NoMHT but not in the remaining cohorts.

Results for CDP patients were attenuated due to small \underline{n} s but each of the MHT groups declined relative to the respective NoMHT groups.

<u>Medical Utilization Level:</u> For NHU patients, TFMHT patients declined in cost relative to C-NoMHT and E-NoMHT in each longitudinal cohort.

For C-OMHT costs increased relative to C-NoMHT in the 6 month cohort but did not differ in the remaining three cohorts which continued to increase. There were no differences between E-OMHT and E-NoMHT in any cohort.

For HU patients, TFMHT costs declined relative to C-NoMHT and E-NoMHT in each cohort.

C-OMHT declined relative to C-NoMHT in the 6, 12 and 18 month cohort but there was no difference in the 24 month cohort.

E-OMHT was not different from E-NoMHT in the 6 month cohort and increased relative to E-NoMHT in each succeeding cohort.

Gender: Females in TFMHT consistently declined relative to C-NoMHT, E-NoMHT C-OMHT and E-OMHT in each longitudinal cohort.

Change in medical cost in C-OMHT was not different from C-NoMHT and costs increased in each cohort.

Females in E-OMHT declined relative to E-NoMHT-in the 6 month cohort while there were no differences in the remaining cohorts.

For males, TFMHT males generally did not decline reliably relative to C-NoMHT.

C-OMHT males declined consistently relative to C-NoMHT while E-OMHT did not differ reliably from E-NoMHT, although the pattern was similar to C-OMHT.

Results: Section 5

Patterns of Mental Health Treatment Visits

Table 4.5.1. summarizes the mean number of MHT visits for OMHT and for TFMHT during the MHT period and post-MHT period for each of the longitudinal eligibility cohorts. Recall that the MHT period represents initiation of TFMHT visits for E-TFMHT and E-BOTH patients or the initiation of OMHT visits for OMHT patients.

We summarized MHT visits to OMHT providers for E-OMHT, E-BOTH and C-OMHT under the heading "traditional mental health" in Table 4.5.1.

MHT visits for TFMHT are also summarized for E-TFMHT and for E-BOTH. In any given period, E-BOTH may have had visits to both OMHT and TFMHT providers.

MHT Visits to OMHT Providers:

In the six month eligibility cohort, E-OMHT patients averaged 5.45 MHT visits in the MHT period and declined to 4.02 visits in the six month period after the MHT period. Thus OMHT patients averaged 9.47 visits in the twelve months represented by the MHT period and the post-MHT period.

C-OMHT patients used 5.52 visits in the MHT period followed by 4.59 visits in the post-MHT period for a total of 10.11 visits.

In contrast, the E-BOTH group who had been using OMHT visits prior to initiation of TFMHT averaged 6.56 OMHT visits in the pre-MHT and 6.30 OMHT visits in the MHT period followed by 5.86 visits. As we have seen, E-BOTH patients were higher utilizers of medical services. These data also suggest that E-BOTH were also higher utilizers of OMHT services and remained higher in the post-MHT period than OMHT patients.

However, E-BOTH also declined in OMHT visits from the pre-MHT to the post-MHT period by 13.41% (6.56 - 5.68 = -.88 visits; -.88/6.56 = -13.41%).

This trend held in the 12 month eligibility cohort also with a 10% decline in OMHT visits (12.77 - 11.49 = -1.28 visits; -1.28/12.77 = 10.00%).

For the 18 month eligibility cohort, E-BOTH declined 4% from 15.52 to 14.90 OMHT visits or by .62 visits.

However, for the 24 month cohort, 0MHT visits increased from 16.49 visits pre-MHT to 17.84 visits post-MHT.

Clearly one effect of initiating TFMHT for E-BOTH patients was a subsequent decline in OMHT visits of about 1.28 visits per year in the 6 and 12 month cohorts. Note that Medicaid reimbursed OMHT visits at \$48 per visit in 1983 constant dollars. Thus a mean annual savings of \$61.44 per E-BOTH (1.28 X \$48 = \$61.44) patient could be added to the medical cost saving obtained for these

patients (Section 4 above).

For most of the E-BOTH in the 24 month eligibility cohort (recall that these patients were continuously eligible for a total of 54 months or 4.5 years), the 3.5 years of project services was no longer available after the 87/1 calendar period as an alternative. As a result OMHT visits would thereby have increased at some point as patients returned to OMHT providers for treatment.

TFMHT Visits:

In the 6 month cohort, E-BOTH patients used 4.88 TFMHT visits in the MHT period and 4.04 visits in the post-MHT period for a total of 8.92 visits which was higher than for E-TFMHT. As with OMHT visits above, E-BOTH were also higher utilizers of TFMHT visits.

E-TFMHT used 2.52 visits in the MHT period and 1.04 visits in the post MHT period for a total of 3.56 visits.

These trends held in the 12 month eligibility cohort and in the 18 and 24 month eligibility cohorts.

E-BOTH used more TFMHT visits per period than E-TFMHT patients. Thus E-BOTH were higher utilizers of OMHT services and higher utilizers of TFMHT, although usage of OMHT services declined after initiating TFMHT.

While direct comparisons are not useful since we can't stratify by Diagnosis for OMHT patients (the data file does not have OMHT diagnosis information), we note that OMHT patients used about 9-10 OMHT visits per year. E-BOTH used about 12 OMHT visits per year and declined in OMHT visits following TFMHT by 1.28 visits in the 12 month cohort.

E-TFMHT patients used 3.56 TFMHT visits and 3.75 in the MHT and post-MHT period in the 6 and 12 month cohorts, respectively. These were about the same levels as in the 18 and 24 month cohorts.

On a per unit time or calendar period basis however, this trend represents a continuing decline in TFMHT visits. In the 6 month cohort E-TFMHT used 1.04 visits in the 6 month post-MHT period, and 1.27 visits in the 12 months after the MHT period in the 12 month cohort. This reflects a level of .63 visits per period (1.27 visits/2 six month periods = .63). The 1.51 visits in the 18 month period for the 18 month cohort represents .5 visits per period. The 1.04 visits in the 24 month period for the 24 month cohort represents about .26 visits per period.

In contrast to **OMHT** patients, this is a lower and declining trend consistent with treatment episode completion. Thus E-TFMHT patients did not fit a "revolving" door pattern of treatment episodes.

Results: Section 6

Mental Health Treatment Visits and Biofeedback Visits

Part of the project's services involved using biofeedback procedures for Medicaid patients who could benefit from them Biofeedback services were provided on a waivered basis (above). For all TFMHT patients (\underline{n} = 1429) these results are disaggregated by those TFMHT patients who used biofeedback and for those TFMHT patients who did not. These results are summarized in Tables 4.6.1-4.

Number of TFMHT Visits for Biofeedback and Non-Biofeedback Patients:

From Table 4.6.1., overall, TFMHT patients averaged 8.40 (12,009 visits/1429 patients) visits per patient.

A total of 193 patients used biofeedback or 13.5% of TFMHT patients (193/1429 = 13.5%). Biofeedback patients used a mean of 23.8 visits as compared to a mean of 6.00 visits for non-biofeedback patients. Thus of a total of 12,009 TFMHT visits, 4593 were for biofeedback procedures or about 38.25% of all visits.

Characteristics of TFMHT Biofeedback Patients:

A larger percentage of biofeedback patients had a CMD diagnosis and a smaller percentage were NonCMD than was the case for non-biofeedback TFMHT patients.

Similarly, biofeedback patients were more likely to be in the 18-59 age category and less likely to be in the 0-17 age category than the non-biofeedback TFMHT patients.

 $\label{lem:biofeedback} \textbf{Biofeedback patients did not differ in percentage female from non-biofeedback patients}.$

However, biofeedback patients were more likely to have been High Utilizers of medical services than non-biofeedback ptients.

TFMHT Biofeedback Patients and DSMIIR Diagnoses:

Table 4.6.2. summarizes the distribution of TFMHT patients in terms of biofeedback utilization and in terms of DSM III R diagnoses. We note that the claims file did not contain diagnostic information for OMHT patients and we were thus unable to stratify or compare TFMHT and OMHT patients by diagnosis.

Overall, the "other mental diagnoses" accounted for 28.83% of all TFMHT patients while Depression accounted for 18.89% of all TFMHT patients.

Non-Mental diagnoses accounted for 17.28% and schizophrenia accounted for

9.73% of all TFMHT patients.

In general, biofeedback patients were less likely to have an eating disorder diagnosis and less likely to have a non-mental diagnosis than non-biofeedback patients. In turn, biofeedback patients were over-represented in each of the remaining diagnosis categories than non-biofeedback patients.

E-TFMHT and E-BOTH Patients and Biofeedback Utilization:

Table 4.6.3. and 4.6.4. summarize profiles of characteristics for E-TFMHT and E-BOTH patients disaggregated by biofeedback utilization.

E-BOTH patients had more TFMHT visits than E-TFMHT patients, as above. E-BOTH who did not use biofeedback used 9.5 TFMHT visits on the average compared to 3.2 visits for E-TFMHT patients, or about three times as many as E-TFMHT patients.

E-BOTH biofeedback users had about twice as many visits (28.2) as biofeedback users in E-TFMHT (14.7). The patterns of visits within the E-BOTH and within E-TFMHT followed the same distribution as above, however.

TFMHT Visits. Biofeedback and Chance in Medical Costs:

Tables 4.6.5. and 4.6.6. disaggregate medical costs and change in medical costs for E-TFMHT and E-BOTH by biofeedback utilization for the 6 and 12 month longitudinal eligibility cohorts.

By inspection, in the 6 month cohort several differences emerge. For the E-TFMHT about 8.8% used biofeedback (48/545 = 8.8%). These patients showed an 81.71% increase in medical costs (+546/668 = +81.71%). In contrast, E-TFMHT Non-biofeedback patients showed a 16.29% decline (-153/939 = -16.29%).

A total of 20.15% of E-BOTH (105/521 = 20.15%) used biofeedback in the six month cohort. E-BOTH biofeedback patients declined in cost by 28.4% (-548/1928 = 28.4%) while non-biofeedback patients declined by 1.42% (-15/1052 = 1.42%).

Note that E-BOTH patients referred for biofeddback had pre-MHT costs that were 183. 26% greater than non-biofeedback patients (1928/1052 = 183.26%).

In contrast, in E-TFMHT, patients referred for biofeedback had pre-MHT costs that were only 71.13% of costs for non-biofeedback patients (668/939 = 71.13%).

The patterns in the 12 month cohort were similar although stronger in size of effect, consistent with the 6 month cohort analyses above.

In 'E-TFMHT those referred for biofeedback had pre-MHT costs that were only 73.95% of those in non-biofeedback. In contrast, in E-BOTH, pre-MHT costs for biofeedback patients were 149.29% of those for non-biofeedback patients.

E-TFMHT biofeedback patients (n = 23) increased 74.20% in medical costs while non-biofeedback patients declined by 23.80%. However, for E-BOTH biofeedback patients declined by 2.58% and non-biofeedback patients declined by 9.81% in medical costs.

Summary: Section 6

We can place these results in the broader context of the project. Recall that E-BOTH patients were more likely to have longer enrollments on Medicaid and were more likely to remain enrolled at annual intervals subsequent to their initial eligibility than OMHT patients or E-TFMHT patients. Similarly E-BOTH were consistently higher utilizers of medical services in terms of medical costs and had a higher percentage of CMD patients than E-TFMHT or OMHT patients. E-BOTH were also more likely to be male and receiving assistance under ABD and GA.

Thus biofeedback E-BOTH patients showed a sharp reduction in medical costs in the first six months following the MHT period in contrast to non-biofeedback patients.

There was a much smaller percentage of E-TFMHT patients referred for. biofeedback than in E-BOTH, and these had lower pre-MHT costs; The E-TFMHT patients showed increases in medical costs in the six and 12 month cohorts relative to non-biofeedback patients.

Taken together, these results suggest that biofeedback procedures were especially effective with E-BOTH patients who were higher medical utilizers and were longer term Medicaid enrollees.

Results: Section 7

The Relationship Between TFMHT Services, Cost of Providing Services and Cost Recovery Through Reduced Medical Costs for Medicaid Enrollees

From Table 4.4.A.1. (above), medical costs for TFMHT patients declined an average of \$338 per year (using the 12 and 18 month cohorts as the average). Relative to the C-NoMHT baseline of an increase of \$129 per year, the decline in medical costs for TFMHT patients relative to C-NoMHT was \$467 per year in 1983 constant dollars. This effect was quite consistent throughout various disaggregations and was increased for HU patients and for CMD patients. The effect was a little smaller in the 6 month cohort and much larger in the 24 month cohort.

From the project's audited financial records (and from the State's records), the State reimbursed the project \$1.33 million for TFMHT services to the Medicaid population.

The project provided services to a total of 1444 patients with an average of 8.40 visits per patient for a total of 12,130 visits.

On an average per visit basis, the State spent \$109.89/visit or on the average \$923.09 per patient. These costs also included provision for the outreach effort and so forth.

Based on these figures and assuming a medical cost reduction relative to the C-NoMHT baseline of \$467 per year, the overall cost of project TFMHT services was recovered by the State in 1.98 years following initiation of services (\$923 per patient/\$467 per year = 1.98 years).

Since TFMHT patients were more strongly tied to Medicaid (less likely to depart) than NoMHT patients (or OMHT patients), the actual total cost recovery to the State continued to unfold annually for a substantial proportion of project patients. For example from Table 4.2.1. (above) E-TFMHT patients averaged 43.08 months of eligibility and E-BOTH averaged 44.52 months of eligibility. Patients drawn from the Beginning Period Population (83/2) had an average length of enrollment of 50.46 months for E-TFMHT and 50.10 months for E-BOTH.

In order to form a range of estimates of services cost recovery in terms of decline in medical costs, we followed the exercise above for patients in the 24 month cohort who minimally had an average of 52 months of continuous eligibility by definition. The \underline{n} in this cohort was 159 or about 11% of project patients (or 14.51% of all patients, \underline{n} = 1096 in the longitudinal eligibility cohort analysis).

From Table 4.4.A.1., in the 24 month cohort, the annual reduction in medical costs for E-BOTH was \$539 (in 1983 constant dollars) in absolute dollars, or \$767 per year relative to the C-NoMHT baseline. For E-BOTH, the State recovered costs in 1.7 years in absolute dollars (923/539 = 1.7) or in about 1.2 years relative to the C-NoMHT baseline.

For E-TFMHT patients in the 24 month cohort, medical costs declined by \$816 per year in absolute dollars or \$1,044 per year relative to the C-NoMHT. For these patients, costs of service provision were recovered in terms of medical cost reduction in 1.13 years in absolute dollars or in .88 years past the MHT period.

If we pool the E-BOTH and E-TFMHT in the 24 month cohort the State recovered costs in 1.37 years following the MHT period on an absolute basis.

We assume that these estimates of services cost recovery are conservative for several reasons. Recall that we could not use medical cost data within the 6 month MHT period of initiation since cost data were aggregated in six month calendar blocks rather than relative to the exact date of initiation of TFMHT.

If we assume that the average reduction of \$338/year (based on the 12 and 18 month cohort averages) is a reasonable proxy we may be underestimating total cost reduction by between \$0.00 and \$169 in constant dollars. For example TFMHT patients who initiated treatment on the last day of the 6 month MHT period would have had \$0.00 cost reduction in the MHT period to be added to total cost reduction. On the other hand, TFMHT patients who initiated treatment on the first day of the six month MHT period would have had up to an additional \$169 (\$338 per year/2 six month periods = \$169) in total cost reduction.

If we simply assume that TFMHT patients were evenly distributed throughout the MHT period we could use \$169/2 = \$89 as an estimate of additional medical cost savings during the MHT period. Thus cost reduction in the MHT period and in the 12 months following the MHT period would aggregate to \$423 in absolute dollars or to \$552 in dollars relative to the C-NoMHT baseline. This is still a conservative estimate in that it makes no provision for increased medical costs that accrued for C-NoMHT in the MHT period.

Using the \$552 estimate, nevertheless, services costs per patient would have been recovered by the State in about 1.67 years relative to the C-NoMHT baseline.

Finally if we also include an estimate for the cost reduction due to reduction in OMHT visits in the E-BOTH of 1.29 visits (at \$48.00 per visit) or \$62.00 averaged over E-BOTH patients, there was an additional savings of about \$30.00 to the State (based on the 12 and 18 month cohort average). Relative to the C-NoMHT baseline this would bring the aggregate savings to \$582 with the State recovering costs in about 1.58 years following initiation of TFMHT.

Another way to illustrate is to use the \$338/year average reduction and extrapolate to all 1,444 patients seen in the project service period. On this basis by the end of one year following the MHT period, medical cost reductions would have totaled \$488,072. Relative to the C-NoMHT baseline (or \$467/year), this figure would be \$674,348 per year. As above, this suggests that total Medicaid service reimbursements to the project would have been recovered on the average within 1.98 years after the MHT period, as above.

As we have seen, the reductions in medical costs, whether in absolute 1983

constant dollars or relative to C-NoMHT in constant dollars, were stable as we examined cohorts with longer periods of continuous eligibility. Thus the effect of the TFMHT services on medical costs did not diminish over time.

A major part of the service delivery project was predicated on an intensive continuing outreach effort to obtain Medicaid patients especially those who were high medical utilizers. The outreach effort (above) was massive and successfully produced TFMHT patients that on one hand were more strongly tied to Medicaid and on the other were consistently higher medical utilizers with larger percentages of CMD patients. We noted that the upper 15% of the Medicaid population accounted for about 80% of medical cost expenditures.

The project intervention dropped medical costs by between 20.47% and 9.5% per year (as in the I2 month cohort, E-TFMHT and E-BOTH, respectively). However, the impact was much greater for the longer term 24 month cohort and was about four times as great on a per year basis as that obtained in the 12 month cohort (\$1350/\$338 = 3.99).

Medicaid reimbursements to the project for TFMHT services also covered costs of the outreach effort. After a review of staffing patterns and time allocations to the various outreach efforts noted above, the Principal Investigator and the Co-Principal Investigator estimate that about 25% of the State's expenditure of \$1.33 million was directed in some fashion to the outreach effort.

While this is at best a "ballpark" estimate, we could estimate that about \$332,500 were expended on outreach with about \$1.00 million on direct services. To the extent that one wanted such a picture regarding the direct effect of direct services on medical costs on could decrease the estimate of 1.97 years to recover services costs by about 25% or about I.48 years.

Of course for any fully routine implementation, as opposed to the present time-limited intervention, it seems clear that some outreach effort would be needed to ensure a flow of appropriate, and High Utilizing patients. As we noted above, however, the needed outreach effort could now be about three times more efficient based on the project experience if case-worker referrals were incorporated on a routine basis. The latter if implemented would reduce the costs of outreach as a case acquisition method by nearly 67%.

In any event our estimate of project cost recovery within 1.97 years is clearly a "worst-case" estimate of the relationship betwen costs of service provision and reduction in medical costs. For example, our estimates are in 1983 constant dollars. In actual dollars per patient, medical costs increased 44.66% over the four year period 83/2 through 87/2 in the overall E and C groups and by about 45% in the E-NoMHT and C-NOMHT. Thus medical cost savings were in fact greater in current dollars suggesting faster recovery of expenditures as a result. Were such a program to be implemented in the future we should expect greater rapidity in recovering costs through reductions in medical costs. Clearly such efforts could be directed toward the high utilizing segment as well as providing needed service to the non-high utilizing population. Medical cost reductions were reliably obtained as a function of project services in both components.

Results: Section 8

The Federal Employee Comparison Population

The plan for the overall project included an employed comparison population made available through HMSA. The comparison population provided an employed population in the same geographic locale and helped to tie the project results more directly to previous research from HMD and fee-for-service settings using employed populations.

The major demographic characteristics in terms of age and gender are summarized in Table 4.8.1.

There were a totall of 28,277 adults (18-62) with a mean age of 44.98. Overall there were 14,508 females (51.3%) and 13,769 males (48.7%).

Thus the employed population was older and more heavily male than the Medicaid population.

Overall, 26,744 never sought mental health services (NoMHT),1,291 received OMHT services, and 242 received TFMHT services.

Since the aggregate number of TFMHT patients was small, we did not disaggregated by E and C groups. Rather E-OMHT and C-OMHT are pooled as the OMHT group. We kept the distinction between E-TFMHT and E-BOTH, however.

Similarly due to small $\underline{n}s$ we simply analyzed patients with 30 months continuous eligibility, as in the 12 month pre post-MHT longitudinal cohort above for Medicaid. Only six patients would have been added in the 6 month cohort and for the 18 and 24 month cohorts the $\underline{n}s$ become very small.

Similarly we disaggregate only by the CMD-NonCMD dimension in order to track the target diagnoses in the employed population. There were only 11 CDP patients in TFMHT, a number too small to analyze and these are not presented here.

<u>Medical Cost Trends in the Employed Population in the 12 Month Pre and Post-MHT Cohort:</u>

Medical costs and change in medical cost relative to initiation of MHT are summarized in Table 4.8.2. in 1983 constant dollars.

<u>Initial Annual Medical Costs:</u> 0MHT patients had higher pre-MHT medical costs than NoMHT patients (862 v 464, t = 7.57, p < .001).

Similarly TFMHT patients had higher pre-MHT costs than NoMHT (806 v 464, t = 2.87, p < .02). This was true for E-TFMHT (772 v 464, t = 1.93, p < .07) and E-BOTH (891 v 464, t = 1.94, p < .06).

However, unlike the Medicaid study, there-were no initial differences between TFMHT groups and 0MHT (772 v 862, t < 1.00; 891 v 862, t < 1.00).

OMHT costs were about 186% of those in NoMHT while TFMHT were about 166% and E-BOTH costs were about 192% of those in NoMHT.

As with other studies of employed populations, as well as with the Medicaid results, patients who sought MHT had higher medical costs pre-MHT than non-mental health services patients. Federal employees had much lower medical utilization costs than Medicaid recipients despite being about 9 years older on the average.

<u>Change in Annual Medical Cost:</u> Patients in NoMHT increased by \$104 per year, different from zero change (t = 6.01, p < .001), and representing an increase of 22.39% in 1983 constant dollars.

Patients in OMHT increased in annual medical costs by \$371, representing a 43.08% increase. The OMHT increase was greater than in the NoMHT condition (+371 v + 104, t = 3.34, p < .01).

In contrast, E-TFMHT and E-BOTH declined relative to the NoMHT condition (-238, -368 v +104, t = 2.09, p < .05). Similarly the TFMHT groups declined relative to 0MHT (-238, -368 v t371, t = 3.28, p < .01).

E-TFMHT declined by about 30.83% and E-BOTH declined 41.30% for a pooled decline of 34.12% in medical costs, in 1983 constant dollars.

<u>SUMMARY:</u> Despite overall differences in medical services utilization costs between the Federal employee and Medicaid Study populations, the patterns of changes in medical costs were similar. Relative to NoMHT, TFMHT patients declined in medical costs. In the Federal employee study, OMHT patients increased in medical costs relative to the NoMHT baseline.

While the TFMHT groups had higher pre-MHT costs than the E and C-OMHT groups in the Medicaid study, there were no differences in the Federal employee study. Since the patterns of change in medical costs were similar to the Medicaid study, these results make interpretations based on statistical regression less likely for the Medicaid results.

<u>Medical Cost Trends Disaggregated by MHT Status and by Medical Diagnosis</u> <u>Group:</u>

Table 4.8.3. summarizes cost trends by MHT status and by Medical Diagnosis (NonCMD, CMD).

In NoMHT, the percent CMD was 38.47% (10288/26743 = 38.47%).

The percent CMD in OMHT was 40.36% (521/1291 = 40.36%) and higher than in

NoMHT (40.36% v 38.47%, t = 1.45) although not a statistically reliable trend.

The percent CMD in the TFMHT groups was 45.45% (110/242 = 45.45%) and was greater than in NoMHT (45.45% v 38.47%, t = 2.37, p < .05) or in OMHT (45.45% v 40.36%, t = 1.44) although the latter was not reliable.

We note that the percent of CMD patients among NoMHT patients in Medicaid and in the Federal employee studies were similar. However, for MHT patients the percentages were smaller than in the employed than in the Medicaid population.

<u>Initial Pre-MHT Medical Costs:</u>

Among the NoMHT, NonCMD patients had lowere pre-MHT costs ahtn CMD patients (290 v 741, t = 18.79, p c .001). Thus CMD had costs about 255% of those in NonCMD and the magnitude of this difference did not vary reliably among MHT conditions (ts < 1.00).

Within NonCMD: Omht had higher costs than NoMHT (537 v 290, t = 2.45, p < .02)

TFMHT groups had higher pre-MHT costs than NoMHT (t = 1.98, p < .05) and there was no reliable difference between the TFMHT groups and OMHT (t < 1.00).

<u>Within CMD:</u> OMHT had higher pre-MHT costs than NoMHT (t = 6.87, p < ,001). While the TFMHT groups had higher costs than NoMHT, the differences were unreliable and there was no difference between the TFMHT gorups and OMHT.

Chanae in Medical Costs:

Change in medical costs are also summarized in Table 8.7.

NoMHT-NonCMD patients increased in medical costs (t58 v 0.00, t = 2.63, p < .01) by about 20% (+58/290 = 20%). NoMHT-CMD patietns increased in medical costs (t177 v 0.00, t = 6.34, p < .001) by about 28%. This increase was reliably greater than in the NonCMD (t177 v t58, t = 3.38, p < .001) and represented 305% of the increase in NonCMD.

NonCMD: For NonCMD patients, OMHT tended to increase in costs relative to NoMHT (+151 v t58, t = 1.58, p < .15).

TFMHT groups declined relative to NoMHT (-241, -161 v t58, t = 1.92, p < .06). The TFMHT groups declined relative to OMHT (-241, -161 v +151, t = 2.37, p < .05).

CMD: OMHT patients increased in cost relative to NoMHT (t697 v t177, t = 7.01, p < .001). The increase was 462% of that in the OMHT-NonCMD (+697/+151 = 462%).

The TFMHT groups declined relative to NoMHT (-233, -574 v t177, t = 3.25, p < .01) and relative to OMHT (-233, -574 v t697, t = 5.96, p < .001).

Chapter 5.

Discussion and Policy Implications

There are several overall summary points that warrant further discussion here.

Managed mental health treatment in the form of TFMHT consistently resulted in declines in medical costs. Although only an overview was presented, these declines were strongly correlated with reductions in physician office visits, in emergency room visits, hospital days, percentage using hospital days, and controlled drug prescriptions per unit time.

The outreach efforts to acquire higher utilizing patients for the project were successful. Relative to Medicaid recipients who never used MHT services and relative to OMHT patients, those who received project TFMHT services had higher medical costs with larger percentages of patients in the upper end of the distribution and higher percentages of patients with Chronic Medical Diagnoses. While enrollees in the 60t age category were under-represented in OMHT, the percentage in TFMHT was about the same as in the overall Medicaid population.

On a conservative (1983 constant dollar) basis, the State recovered the cost of project services to Medicaid patients within .88 to 1.97 years (depending on subgroup, comparison baselines etc.) after the patient initated TFMHT. These results suggest that an intervention tailored to Medicaid recipients who have been on Medicaid for relatively longer periods of enrollment, who are in the upper 15% of the distribution of medical cost and utilization and/or have one of the target chronic medical diagnoses shows great promise in addressing increased medical costs within Medicaid. In the present definition of high utilization we note that the upper 15% accounted for about 80% of all medical costs (in constant dollars) under Medicaid. On a per patient basis, the project intervention resulted in a decline of about 20% in medical costs. As we looked at longer term enrollees it was clear that this reduction was stable and persisted.

The Medicaid patient study population were higher medical utilizers overall than the employed comparison study population. Within each population, patients who eventually used mental health services had much higher medical costs prior to treatment than patients who never used MHT (NoMHT) in both populations.

Within both populations, mental health treatment had major impact in lowering medical costs. However, the impact varied by type of mental health treatment. Traditional, typically available mental health services under Medicaid or the insurance plan (OMHT) also produced some lowering of medical costs in some comparisons while TFMHT produced a consistent effect. The point of the project, however, was not a comparison between OMHT and TFMHT (although such comparisons are probably unavoidable). The project was designed to investigate the impact of a managed care intervention directed and targeted to the higher utilizing subset of Medicaid recipients.

The disaggregations helped to equate patient case mix between OMHT and TFMHT although in most instances TFMHT patients' remained higher utilizers on the average than OMHT patients on the average. These results suggest that reductions in medical costs as a result of MHT are more likely with the higher utilizer subset. Presumably programs directed to this subset with appropriate training or case management would produce similar results by many non-TFMHT providers. It seems clear that there is substantial potential for such an approach and that the approach on a more routine basis within Medicaid would be feasible on a financial basis, also.

The differential impact was especially obvious for patients with one or more of the target chronic medical diagnoses (CMD). Surprisingly, about 40% of both the overall Medicaid and employed population (NOMHT) fell into this category. We understand from the National associations for these disorders that approximately 40% of the US population may have one or more of these conditions or related conditions. The potential impact and implications of the present results in terms of health care expenditures is obviously national in scope.

Medicaid recipients who received mental health treatment had higher proportions of CMD patients, about 55% in OMHT, and due to outreach efforts, about 65% in TFMHT. In contrast, there was no differential proportion in the federal employee population between MHT and NoMHT except for TFMHT.

In both populations, MHT patients (both CMD and NonCMD) had much higher medical utilization pre-MHT than NoMHT patients. This result replicates similar and common effects noted in the literature (cf. Mumford, et al, 1983). In general patients who eventually enter MHT have had much higher medical costs than non-MHT patients--and this obtained for both NonCMD and for CMD patients in both study populations.

For Federal employee patients, the cost dynamic (as in NoMHT) was one of rising medical costs of about 20-24% per year. Thus the effect of MHT was in the context of a rising trend, against which TFMHT services reduced costs. For OMHT patients costs either did not change, or increased substantially as for OMHT-CMD patients).

Declines in medical costs for Medicaid TFMHT patients resulted from a combination of changes in both outpatient and inpatient services. In particular, average number of hospital days declined for TFMHT patients for both populations. The analysis of the number of patients with instances of hospitalization suggests that this change was due to a drop in the number of patients hospitalized rather than shortened lengths of stay (although this latter is a plausible inference, we have no data regarding LOS). Similarly the pattern of outpatient and inpatient utilization indicated that TFMHT patients were not substituting units of outpatient service (e.g., physician office visits, ER visits) for hospital days.

In light of this finding the fact that we did not have access to hospital discharge diagnoses is probably not a serious consideration. One potential artifact would have been the substitution of hospitalization under a medical diagnosis for hospitalization under mental diagnosis, or the reverse, in order

to continue hospital care. Since the claims file does not distinguish between mental and medical diagnoses, and since overall hospital days declined as well as the number of people with instances of hospitalization, we infer that the decline was not simply one of substituting one diagnosis for another.

Aside from differences in clinical treatment between OMHT and TfMHT, it seems clear that whether MHT results in cost reductions also depends upon the mix of medical conditions in the patient population under study. Although in both study populations here CMD patients comprised about 40% in NoMHT, the proportion of CMDs in Medicaid in OMHT was much higher than in NoMHT (and much higher in TFMHT). Thus in any particular investigation an increase or decrease in the percentage of CMDs among MHT patients sampled or studied, could alter the probability of medical cost change overall--unless one disaggregates by medical diagnosis as in the present case.

We note that medical costs for the TFMHT Medicaid patients were much higher than for OMHT patients due to the oversampling targeted to the upper 15% of the medical cost distribution. Ordinarily, one would argue for the potential effects of statistical regression due to initial extreme scores as a plausible alternative explanation for the obtained cost reduction in TFMHT in relation to OMHT and to NoMHT.

There are three empirical reasons that make regression effects less plausible as an explanation for these results. First, we know that TFMHT Medicaid patients were much higher utilizers for long periods of time (at least, a year, in the present case). While we have not completed our analyses of cohorts with longer periods of continuous eligibility, it is unlikely that the obtained reductions were the result of fortuitous sampling of extreme scores at one point in time. TFMHT patients were higher utilizers at 6 months pre-MHT, at 12 months pre-MHT, and at each period of longer eligibility (i.e., 18 months, 24 months) also.

Second, following out the logic of a regression explanation, there were an array of differences in initial utilization in Medicaid. For example, E-TFMHT patients were more extreme than E-TFMHT patients, although change in cost did not vary with initial cost level. Similarly, within OMHT, striking differences between NonCMD and CMD in initial utilization were also obtained. The more extreme CMD increased in cost while the less extreme NonCMD declined in cost-just the opposite of a regression explanation. A simple regression artifact does not explain the results for change in medical costs.

Third, and finally, the same pattern of effects for TFMHT were obtained for the Federal employee population where TFMHT patients were not different from OMHT patients (either within NonCMD or within CMD) and where patients were much lower utilizers than in Medicaid. Thus the effect was also obtained where regression artifacts could not account for the pattern of results obtained in two distinct populations.

Within the Medicaid population TFMHT patients consistently used fewer outpatient (TFMHT) visits than OMHT patients (OMHT visits). TFMHT patients also reduced visits to OMHT providers. The cost of TFMHT services was "offset" by reductions in medical costs, despite the fact that TFMHT Medicaid

n

patients were in much worse condition as indexed by medical costs. This "offset" ocurred within .88 to 1.97 years following initiation of treatment.

Similarly, the very striking, if complex, results concerning departures from the Medicaid, adds to the literature regarding mental health treatment and increased functioning noted above. In general MHT patients were less likely to leave Medicaid and had longer periods of enrollment than NoMHT. TFMHT patients were less likely to leave the Medicaid roles than other Medicaid recipients (again, not surprising in light of poorer health status indexed by prior medical utilization). However among those TFMHT patients that did leave Medicaid, a significantly higher percentage did so for reasons of increased income, employment, and increased functioning than in the remaining Medicaid population. Needless to say, this result has major public policy implications both in terms of reducing Medicaid medical costs and in terms of moving people from Medicaid roles.

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Table 3.1

Case Appointment Outcome for Medicaid patients for number of service appointments made and percent no-show for new and returning patients

		New Patients: Number of Appointments Made	% No Show	Returning Pation Number of Appointments Made	ents: % No Show
Calend	ar Period:				
Pre -	7/84	103	51	111	20
	7-9/84	184	47	636	25
	10-12/84	50	60	537	25
	1-3/85	94	46	548	27
	4-6/85	126	40	563	23
	7-9/85	159	58	600	27
	10-12/85	60	45	630	34
	1-3/86	230	45	777	27
	4-6/86	148	42	1,003	31
	7-9/86	141	43	769	27
	10-12/86	96	51	792	31
	1-3/87	137	46	801	26
	TOTAL:	1,525	46%	7,767	28%

Table 3.2

ICD-O-CM Code Numbers by Category with higher potential for Somaticization selected for outreach (see text chapter 3, section 7).

- Maior Mental Disorders: 1) psychoses, 290-299 but excluding: **291** and 292;
- 2) <u> Alcohol and Other Substance Abuse:</u> 291, 292, 303, 304, 305.0, 305.2 thru 305.9 535.3, 571.0 thru 571.3, 965.0, 967, 969, 970
- 3) Psychosomatic Disorders
 - 278.0 obesity
 - 306 physiological malfunction from mental factors
 - 307.5 disorders of eating, including bulimia psychalgia, tension headache
 - 307.8
 - 346 migraine headache
 - 401.1 essential hypertension, benign
 - 443.0 Raynaud's Syndrome
 - 461.9 acute sinisitus unspecified
 - 477 allergic rhinitis, hay fever
 - 493 asthma
 - 531.9 gastric ulcer unspecified
 - 532.9 duodenal ulcer unspecified
 - 533.9 peptic ulcer unspecified
 - 535.5 gastritis unspecified
 - 556 idiopathic proctocolitis, ulcerative colitis
 - 558.9 diarrhoea, non infectious gastroenteritis
 - 564.0 constipation
 - 564.1 colitis, irritable colon
 - 696.1 other psoriasis
 - 716.9 arthritis, athropathy unspecified
 - 724.5 backache, unspecified
 - 729.5 pain in limb
 - 780.2 syncope or collapse
 - 780.5 sleep disturbance
 - 780.7 fatigue, malaise, weakness
 - 782.1 rash, nonspecific
 - 783.0 anorexia
 - 783.2 weight loss
 - 783.6 polyphagia, excessive eating
 - 784.0 headache
 - 785.0 tachycardia, unspecified
 - 785.1 palpitations
 - chest pain 786.5
 - 995.3 allergy, unspecified
- Minor Emotional Conditions: neurotic, personality and non 4)` pspchothrudsscroers306300-316, but excluding: 303, 304, 305.0, 307.5 and 307.8.

Table 3.3

TELEPHONE OUTREACH OUTCOMES

Accessibility:

<u>N</u> :	
877	patients claims records selected as appropriate for telephone outreach
299	had no telephone
146	had a P. 0. Box number for an address; therefore, no phone available
118	were determined to have no phone service after a call or two was attempted
566	never had a valid phone number on record (62%)

needed a translator (mostly southeast Asian refugees/immigrants).

Responsiveness:

32

With the remaining 289 people targeted for telephone outreach:

787	calls were attempted (average of 2.72 calls/individual)
194	were actually contacted (67%)
44	people made appointments (15% of those targeted, 23% of those contacted).

of those kept their appointments (57% show rate)

Productivity:

Telephone outreach efforts resulted in attracting into Biodyne:

3%	of the originally selected
9%	of those for whom we had a valid phone number
13%	of those we actually contacted
57%	of those who agreed to make an appointment

SCHEDULE OF BIODYNE MAILINGS 1984-87

	¥6. Of		
Date	Household	• Description	Subjects
			• • • • • • • • • • • • • • • • • • • •
4/84		Anne All E's	General/location
6/84		Lee top 108 NV	Services
8/84-10/8	4 -	Leslie Top 15% HU	Services
12/1/84	•	Frances All FE	General/location
1/8/85	1,789	Anne 82	General/location
3/19/85	1,863	Chris ?%	Services/Free
4/27/85	383	Leslie	Servicer
5/2/85	412	Leslie	Services
	1,800 •	p. Andrey Vol.1 Me.1	Enthusiasm, media, services, asthma children,
7/9/85		1	mindbody, diabetics, biofeedback, sleep,
			addict., smoking, headache, problem-solve,
			weight, relationships, agoraphobia, staff.
7/11/85	1,700 ●	p. Provider (physicians)	General/services/*E*
7/15/85	•	Anne '83	General/location
8/13/85	2,936 ap.	Chronic Alevay	Flu, bronchitis, asthma, emphysema
9/16/85	676	Chronic Alrway	
9/25/85	392	Alcoholics	•
11/20/85	14,000	FE Multi-colored broch.	Biodyne Concept
12/19/85	12,893	55 and over (yellow)	Cover letter, brochure
1/7/86 1		HCD Vol.11 No.1	Post-Hol. Bluer, New Year, client's letter,
1/8/86	•	•	parenting teens, vellness, Exercise to Build
	•	•	Ego, tots, problem-solving
1/17/86	•	-	overeating, headache, staff, chili
2/7/86	13,536	FE 901.1 lo.1	Cover letter, paperwork, pre-op, relationships
		•	mail, shyness/anxiety, couples, teens, tots,
			blats, sched., rtsff, mindbody workshop
3/5/86	61,9	Agency (HCD all	•
3/8/86	12,630	HCD 901.11 MO.2	Panic, kukunuts, sched., couples, shyness,
	•		anxi ety, job, ulcer, hints, HRA/coupon
3/10/86	3,202	HCD & Agency	
4/11/86	13,312	FE Nol.I No.2	HRA, engresis, 10's, Peak, hints, 4 reasons,
			sched.
5/10/86		. KCD Vol.II no.3	Bottle, own business, taking it off, nurse, OR
5/19/86	7,796		hints, classes w/exercise
5/21/86	245	ERA	1/2 PE, 1/2 HCD 96814 6 96815
6/3/86	332	Agency	
6/6/86	13,882	FE Vol.I No.3	Taking it Off, mindbody, wellness, blats,
			peak, sched.
6/27/86	1,998	Valanae	Healer-G.Y., map, lighten-up, stress
6/27/ 86	13,052	KCO Vol.11 MO.4	9.C.\A.1moms a gast arrighted Cake charac-
7/10/05	676	lanau	stress, 4 reasons, map, sched.
7/10/86	676 1 491	Agency	agran letten MCD al
7/11/86	1,421	Kev E's	cover letter, MCD al
7/30/86	13,854	FR Vol.1 No.4	S.C./G.Ymoms & dads, biofeedback, compulsive shopping, exclusive benefit
			suchhind, excitative benefit
9/5/86	12,963	HCD Vol.II No.5/Agency	Cov unes from ferr HOL/man historial
3/3/86	12,363	NCD VOI.II 80.3/ Kgency	
			Group Think and Support
10/1/86	13,510	FE vol.1 No.5	sex, silke, edocatloa
	12,515	MCD Vol.11 No.6/Agency	ACA, chronic 111, love addict, sched.
12/1/86	13,991	FE Vol.I lo.6	'O Come: parent, stress, group, blofeedback,
	=		weight, addiction, mindbody, sched., ex.
	•	_	benefit
12/8/86		Valanae	Kukulu, nlqbt, E, up, Ma Kokua
1/2/87	12,488	HCD Vol.III No.1	Smoke, love the one, sched.
1/5/87	702	Agency	complex sull halos this is the word history
2/1/87	13,746	FE Vol.II Mo.1	couples, well-being, this is it, FREE, hints,
		Malana	sched. ACA parent • bose, lifestyle rich, map,
2/1/87	2,009	Valanae	, , , , , , , , , , , , , , , , , , , ,
2/7/47	14 000	MCD VAT TIT In 9	sched., Ma Kokua Auntie Hook, vell-being, AIDS, FREE, this is
3/1/67	14,888	NCD Vol.III lo.2	it
			••

Table 3.5

Summary of Agency and Provider Presentations

Name of Agency

Form of Contact

DSSH SOCIAL SERVICES

Presentation Applications #3, Kaneohe Presentation Applications Unit #1 - Kapalama Presentation Applications Unit #2 Applications, Makikf Unit Presentation Child Protective Services Presentation Phone, Mail **DSSH Social** Workers Phone, Mail Family Health Services Kalihi Unit, Income Maintenance Presentation Kapalama Unit, Income Maintenance Presentation Meeting MCAO Program Integrity Presentation Makikf Unit, Income Maintenance Medical Advisory Council Presentation **Medical Applications** Presentation Medical Payments #1 Presentation Presentation Medical Payments #2 Pawaa Unit, Income Maintenance Presentation Pearl City Applications, Food Stamps Unit Presentation Presentation Punawai Unit, Income Maintenance Presentation Refugee Assistance Unit South Adult Services Phone, Mail Waipahu Unit, Income Maintenance Presentation

LEGAL SYSTEM

Circuit Court, Adult Probation Department
Courts and Corrections • Driver Education Program
Vitousek, Judge Betty

Mail
Presentation
Meeting

MEDICAL PROVIDERS

Asuncion, Araceli, M.D. Phone, Mail Meeting Au, Thomas, M.D. Phone, Mail Brock, Joseph A, MD. Phone, Mail De Souza-Matsui, Adelina, MD. Family Medical Clinic Meeting Hawaii Nurses Association Convention Naval Reg. Med. Clinic Hoffman, A.J., M.D. Home Health Agency Phone, Mail Kobayashi, Lloyd, M.D. Phone. Mail Meeting, Mail Leeward Pediatrics Lum, Wayne, M.D. Meeting Meeting McKinny, Wayne, M.D. Phone, Mail Pang, Glenn, M.D. Phone, Mail Pearce, James, MD. Meeting Petrovich, Helen, M.D. Popper, Jordan, M.D. Phone, Man Mail, Presentations Public Heaith Nurses • DOH Phone, Mail Siri, Lei, M.D. St. Francis Hospice Program Mail Meeting, Mail Waianae Pediatrics Waianae Specialists Meeting, Mail Waikiki Health Center Presentation Wessberg, George, D.D.\$ Phone, Mail Presentation Waianae Coast Comprehensive Health Center

Table 3.6

Summary of **Presentations** to Mental Health Providers and **Social** Services agencies

MENTAL HEALTH CARE PROVIDERS

Alcohol and Drug Abuse Branch (DDH)

Blessing House - Halway Home for Alcoholics Castle Memorial Hospital • Alcoholic Treatment Central Oahu Mental Health Clinic Crisis Response Systems Program (CRSP) Des, Peter J., M.D. Federal Employee8 Health Unit Kahi Mohala Psychiatric Hospital Kalihi Palama Mental Health Clinic Kaneohe Marine Corp Counseling Center Koko Head Mental Health Clinic Koolauloa Counseling Center
Leeward Community College Counseling Makiki Mental Health Clinic Salvation Army • Women's Way Salvation &my Addiction Trimt Facility Waikiki Mental Health Clinic Windward Mental Health Clinic

Hale Ola ;ohoopakolea Waianae Coast Comprehensive Health Center Waianae Mental health Advisory Council Waianae Rap Center

Career Development Center of Hawaii, inc.

OTHER SOCIAL SERVICES

Yuan, Greg, M.D.

Catholic Services to Families Community Long Term Care (Nsg. Homes w/o Walls) Fort Shafter - Div. of Mgmt. & Employee Rel. Hale Lokahi • Child & Family Services Hawaii Centers for Independent Living Hawaii Community Action Program Hawaii Family Stress Center **Immigrant Service Center** Kalihi Palama Immigrant Service Canter Kalihi Valley Homes Family Services Kalihi YMCA Counselors Kuakini Medical System, Social Workers Kuhio Park Terrace Mgmt. Office Lanakila Senior Citizens Canter Palolo Valley Interagency Council Project Malama - Long Term Care Channeling Project RESPECT Queen Liliuokalani Children's Trust Quick Kokua Refugee Employment & Social Assistance Program SPAN • Single Parents Family Advocacy Network Special Parents Information Network St. Francis Hospital, Social Workers Susannah Wesley Foundation WIC Program • Waianae Work Incentive Program Department of Education, Leeward District Fern Elementary School

Presentation Phone, Mall Phone, Mail Presentation Phone, Mall Phone, Mall Phone, Mail Personal Meeting Presentation Phone, Mail Presentation Phone, Mall Phone. Man Presentation Phone, Mall Individual Meeting Presentation Presentation Meeting

Meeting Meeting Presentation Presentation

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Table 3.7
1/86-4/87 MONTHLY OUTREACH PROGRAM

NEW PATIENTS

Month	Mailings	Medicaid Referrals*	Home Visits	Total
1986				
January	47	8	5	60
February	14	11	7	32
March	41	11	28	80
April	12	18	15	45
Мау	39	7	20	66
June	20	3	52	75
Sub Total	173	58	127	358
% of Medicaid	48.3%	16.2%	35.5%	100
July	39	9	39	87
August	11	6	44	61
September	22	7	29	58
October	7	22	41	70
November	18	4	31	53
December	5	1	32	38
Sub Total	102	 49	216	367
% of Medicaid	27.8%	13.4%	58.8%	100%

continued, next page

Table 3.7 (Cont'd)

1987				
January	25	7	24	56
February	11	3	24	38
March	25	7	21	53
April	5	2		7
Sub Total	66	19	69	154
% of Medicaid	42.9	12. 3	44. 8	100
Totals	341	126	412	879
Medicaid %	38. 8	14. 3	46. 9	100

^{*} Referrals from Agencies and Professionals

ANNUAL DEMOGRAPHIC STATISTICS: HAWAII MEDICAID

Year*	NO.	M.Agc	% 0-17	% 18-54	% 55+	% F	% ABD	% AFDC	% GA	% Cauc	% Japan	% Filip	% Haw	% Chin	% Ocher
•							Total M	edicaid Popul	ation						
1984	59,997	23.7	50	38	12	59**	14	73	13	13	4	9	27	2 2	47
5	58,202	24.2	50	37	13	59	15	n	14	13	4	9 9	26	2	47
6	55,450	u. 7	49	38	13	59	17	70	13	13	4	9	26	2	47
							Exper	imental Grou	p						
1984	40,360	99.0	60	20	12	58	13	73 71	14	13	4	9	26	1	47
		23.6 24.1	50 50	38	12 12		15	/1	14 14	13	4	9	20 27	1	47 47
5 6	39,166 37,227	24.1 24.6	50 50	38 37	12 13	59 58	16	n	14 13	13 ···	4	9	26	2 2	47
Ū										_	N V				
							н	igh Users							
1984	8,999	31.4	23	63	14	64	15	<i>5</i> 5	30	23	S	7	22	1	42
5	8,730	31.3	24	62	14	63	17	54	29	22	5	7	23	1	42
6	8,317	32.6	21	64	15	64	19	53	28	24	4	7:	22	2	41
							Mental 1	Health Users	100						
1984	4,929	33.0	13	78	9	51	23	34	47	36	0	<	14	9	33
5	4,929 5,083	335	13	'n	10	51	26	31 32	43 45	35	9 9	5 6	14	2	34
6	5,062	33.8	12	78	10	<i>5</i> 0	20	OI UN	70 TV	35	ý	5	15	2 2 2	34
							Certified N	Mentally Disa	bled					,	
4004	4 4 4 4	24.0	•	0.0		00		•	00	40			11	0	94
1984	1,040	34.0	0	96	4	29	3	9	88	49 5 1	7	5	11	2	, 26
5 6	1,088 1,188	34.1 34.5	0	95 96	5 4	30 29	3 3	7 10	90 87	51 49	5 5	3	13 14	1 1	26 28
U	1,100	<i>3</i> 7.3	U	70	4	LJ	3	10	67	40	٠.	J	14	1	20
							Alcoh	ol Abusers							
1984	1,051	36.6	1	91****	8	25	6	13	81	54	3	3	13	0	27
5	1,145	35.8	2	90	8	27	7	12	81	54	2	3	12	0	28
6	1,411	36.6	2	90	8	29	12	14	74	51	3	3	16	1	27 28 27
							Dru	g Abusers							
			•	84444		40		_	~ 0	46		4	10	•	0.5
1984	566	31.0	3	96****	'1	40	6	21	73	46	8	4	13	2	27
5	720	31.0	2	96 05	2	34	10	19	71	46	6	4 4	13	1	29
6	1,067	31.8	3	95	2	3.5	11	21	68	43	6	4	15	1	31

The randomization of new eligibles into the project ended July 86, hence total eligible population for 1987 is not available Age 0-11, males 51%, 55% of high users, 58% airway diseases

Proportion of eligible who were MH users in 1984-6 were: 8.2, 8.7, and 9.1 respectively

^{. . .}

^{43%} age 35-54 • • • • 46% age 26-34

8 cont'd.

ANNUAL DEMOGRAPHIC STATISTICS: HAWAII MEDICAID

Year*	No.	M.Agc	% 0-17	% 18-54	% 55+	% F	% A B D	% AFD	C % GA	% Cauc	% Japan	% Filip	% Haw	% Chin	% Other
•							Нурс	ertension							
1984	3,817	56.4	2	41	57	68	47	30	23	13	7	17	19	4	36
5	2,873	52.1	2	41 51	47	67	47 38	33	29	13	S	13	23	4	40
6	3,226	53.6	2	47	51	66	4s	29	26	14	7 S 9	13	19 23 21	4	39
							Hear	Disease							
1984	1,681	59.6	2	33	6.5	65	56	22	22	14	9	13	17	S	36
5	1,128	56.7	2 2	40	58	60	48		29	15	9 7	13 16	19	S 5	37
6	1,305	37.2	3	37	60	63	48 52	23 23	29 2.5	14 15 15	、8	17	19 19	5	36 37 37
							Dia	betes		•	•				
1984	2,273	S1.4	3	So	47	73	42	37	21	12	. 9	13	25	4	39
5	1,892	47.9	4	56	40	73	42 34	41	25	12	9 7 7	10	26	4 3 3	42
6	2,120	48.9	3	56 56	41	72	38	40	21 25 22	11	7	11	25 26 27	3	39 42 40
							Atnvay (Conditions							
1984	4,621	225	S4	34	12	56	12	72	16	13	3	8	29	1	46
5	4,461	21.2	SS	36	9	S6	10	74	16	13	3 3	8 7	29	1	47 4S
6	4,447	22.7	53	37	10	58	12	72	16	13	3	7	30	1	4S

[•] ages 0-17 56% male

Table 3.9
SEMI-ANNUAL DEMOGRAPHIC **STATISTICS**: HAWAII MEDICAID

New Biodyne Users*

6 Mo. 7	Γ. No.	M.Age	% o-17	% 18-54	% 55+	% F	% A B D	% AFD	C % GA	% Cauc 9	6 Japan	% Filip	% Haw	% Chin	% Other
7-144	145	40.8	1	80	19	61	23	31	46	28	14	10	17	4	27
1-1-85	153	39.8	1	86	13	73	17	34	49	41	7	3	13	4	30
7-1-85	132	36.4	3	84	13	68	22	45	33	28	15	5	19	0	32
1-1-86	133	37.0	5	79	16	59	20	45	35	38	4	10	15	1	31
7-1-86	344	35.0	14	72	14	m	22	54	26	2s	7	6	14	2	45
1-1-87	369	32.2	21	65	14	73	20	60	20	28	7	7	26	2	31
7-1-87	153	37.8	10	73	17	69	27	54	19	28	5	3	27	3	34

1,429

Note: The sum of the column totals is only 1429 since HMSA could not confirm a claims file for 15 patients because they had dropped off Medicaid in the MHT period.

[•] Eligible through each six month period.

Table 3.10 _

NEW TFMHT MEDICAID PATIENTS, BY DIAGNOSTIC CATEGORY
AND TIME OF FIRST VISIT

Time of First Visit: Half Year Ending

Diagnostic Category	June 84	4 De084	Jun 85	Dec 85	Jun86	Dec 86	June07	Total
	PERCEN	TAGE, BAS	SED ON HA	LF YEAR T	OTALS	. 		
Al&holism	6.2	6.5	6.8	11.9	5.4	3.5	1.9	5.5
Drug Abuse	4.6	11.8	7.5	6.7	2.9	4.0	10.8	6.0
Schizophrenia	21.4	15.7	12.8	7.4	9.7	5.6	3.2	9.8
Attentive Psychoses	2.6	3.3	4.5	3.0	3.7	2.4	1.3	3.0
Neuroses	12.4	5.2	6.0	5.2	3.4	1.9	2.5	4.4
Depression	16.6	17.0	18.0	16.3	20.9	19.9	19.1	18.9
Personality Disorder	4.1	8.5	6.8	5.2	3.2	24	5.7	4.4
Special Symptoms NEC	28	2.0	1.5	5.2	1.1	0.3	0.6	1.5
Eating Disorder	7.6	4.6	13.5	14.8	5.7	4.3	5.7	7.0
Adjustment Reaction	3.4	5.2	8.0	5.2	9.7	5.9	5.7	6.4
All Other Mental Condit.	9.0	7.2	7.5	11.1	16.3	22.8	' 22.9	15.7
Non-Mental Disorders	9.0	13.1	9.0	8.1	17.8	26.9	20.4	17.3
TOTAL	100.0	100.0	109.0	loo.0	190.0	109.	0 100.0	100.0
Numbers	145	153	132	133	348	369	153	1429

Table 3.11

NON **TFMHT FEDERAL EMPLOYEE PATIENTS, BY DIAGNOSTIC CATEGORY**AND TIME OF **FIRST** VISIT

Time of First visit: Half Year Ending

Diagnostic category	June 84	Dec84	Jun85	Dec 85	Jun 86	Dec 86	June87	Total
		-	-				-	
Alcoholism		5.0	2.3	0	1.0	2.0	1.9	2.0
Drug Abuse		0	4.7.	3.1	1.0	0	3.8	2.0
Schizophrenia		5.0	5.8	0	0	0	0	1.7
Affeotive Psychoses		0	1.2	0	0	0	0	0.2
Neuroses		7.5	4.7	3.1	5.1	6.1	0	4.6
Depression		30.0	14.0	34.4	17.2	29.3	26.4	23.2
Personality Disorder		0	3.5	3.1	0	0	0	1.0
Special Symptoms NEC		0	4.7	0	5.1	1.0	0	2.4
Eating Disorder		2.5	19.8	6.3	8.1	4.0	7.5	8.8
Adjustment Reaction		10.0	4.7	31.3	15.2	23.2	13.2	15.4
All Other Mental condition	S	10.0	9.3	15.6	9.1	22.2	7.5	12.7
Non-Mental Disorders		30.0	25.8	3.1	38.4	12.1	39.6	25.9
TOTAL		100.0	100.0	100.o	100.0	100.o	100.0	100.0
Numbers		44	86	32	99	99	53	409

Table **4.1.A.1**Medicaid enrollment during the project,-period, by period of initial eligibility: **ENTIRE** POPULATION.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NOMBER	OF EN	ROLLEES					
83/2	50,653	41,264	36,496	32,736	29,483	26,870	24,377	22,518	18,993	18,332	
84/1		9,435	6,701	5,627	4,868	4,211	3,779	3,500	2,881	2,723	
84/2			7,853	5,556	4,273	3,677	3,201	2,864	2,259	2,183	
85/1				6,106	4,103	3,250	2,758	2,455	1,977	1,906	
85/2					6,133	4,269	3,343	2,972	2,369	2,243	
86/1						5,454	3,605	2,909	2,242	2,093	
86/2							5,316	3,716	2,563	2,498	
Total	50,653	50,699.	51,050	50,025	48,860	47,731	46,379	40,934	33,284	32,038	
				PERCENT O) FINITIA	NUMBER					
83/2	100.0	81.5	72.1	64.6	58.2	53.1	48.1	44.5	37.5	36.3	
84/1		100.0	71.0	59.6	51.6	44.6	40.1	37.1	30.5	28.9	
84/2			100.0	70.8	54.4	46.8	'40.8	36.5	28.8	27.8	
85/1				100.0	67.2	53.2	45.2	40.2	32.4	31.2	
85/2					100.0	69.6	54.5	48.5	38.6	36.6	
86/1						100.0	66.1	53.3	41.1	38.4	
86/2							100.0	69.9	48.2	47.0	

Table 4.1 .A.2.

Medicaid enrollment: percentage retained at annual intervals following period of initial eligibility for Experimental and Control combined

Annual intervals following Initial eligibility.

	1 year	2 years	3 years	4 years	
Period of initial eligibility:					
83/2	72.1	58.2	48.1	37.5	
84/1	59.6	44.6	37.1	28.9	
84/2	54.4	40.8	28.8		
85/1	53.2	40.2	31.2		
85/2	54.5	38.6			
86/1	53.3	38.4			
86/2	48.2				

Note:

Each entry represents the percent of initial cohort population (Beginning Period Population, **Newly** Eligible) remaining enrollment successive annual Intervals.

 $\label{thm:continuous} Table~4.1.A.3$ Medicaid enrollment during the project-period, by period of initial eligibility: EXPERIMENTAL GROUP.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				TUMBER	OF ENRO	LEES					
83/2	34,080	27,804	24,662	22,021	19,854	18,136	16,391	15,101	12,729	12,323	
84/1		6,313	4,488	3,794	3,240	2,819	2,557	2,377	1,949	1,835	
84/2			5,270	3,774	2,887	2,501	2,167	1,934	1,542	1,511	
85/1				4,095	2,742	2,192	1,854	1,660	1,290	1,249	
85/2					4,128	2,875	2,243	2,008	1,584	1,505	
86/1						3,624	2,381	1,966	1,511	1,424	
86/2							3,568	2,516	1,738	1,691	
Total	34,080	34,117	34,420	33,684	32,851	32,147	31,161	27,562	22,343	21,538	
				<u>Percent</u> c	F INITIA	L NUMBER					
83/2	100.0	81.6	72.4	64.6	58.3	53.2	48.1	44.3	37.4	36.2	
84/1		100.0	71.1	60.1	51.3	44.7	40.5	37.7	30.9	29.1	
84/2			100.0	71.6	54.8	47.5	41.1	36.7	29.3	28.7	
85/1				100.0	67.0	53.5	45.3	40.5	31.5	30.5	
85/2					100.0	69.7	54.3	48.6	38.4	36.5	
86/1						100.0	65.7	54.3	41.7	39.3	
86/2							100.0	70.5	48.7	47.4	

n

 $\label{thm:control} Table~4.1.A.4$ Medicaid enrollment during the project period, by period of initial eligibility: CONTROL GROUP.

Period of initial	Calendar period										
eligf bili ty	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROL	LEES					
83/2	16,573	13,460	11,834	10,715	9,629	8,734	7,986	7,417	6,264	6,069	
84/1		3,122	2,213	1,833	1,628	1,392	1,222	1,123	932	888	
84/2			2,583	1,782	1,386	1,176	1,034	930	717	672	
85/1				2,011	1,361	1,058	904	795	687	657	
85/2					2,005	1,394	1,100	964	785	738	
86/1						1,830	1,224	943	731	669	
86/2							1,748	1,200	825	807	
Total	16,573	16,582	16,630	16,341	16,009	15,584	15,218	13,372	10,941	10,500	
				<u>PERCENT</u> C	F INITIA	L NUMBER					
83/2	100.0	81.2	71.4	64.7	58.1	52.7	48.2	44.8	37.8	36.6	
84/1		100.0	70.9	58.7	52.2	44.6	39.1	36.0	29.9	28.4	
84/2			100.0	69.0	53.7	45.5	'to.0	36.0	27.8	26.0	
85/1				100.0	67.7	52.6	45.0	39.5	34.2	32.7	
85/2					100.0	69.5	54.9	48.1	39.2	36.8	
86/1						100.0	66.9	51.5	40.0	36.6	
86/2							100.0	. 68.7	47.2	46.2	

Table **4.1.B.1**Medicaid enrollment during the **project period**, by period of initial eligibility: E GROUP AGED LESS THAN 18 YEARS.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROL	LEES					
83/2	17,722	14,439	12,641			8,927	7,864	7,142	5,753	5,564	
84/1		3,322	2,417	2,026	1,730	1,499	1,332	1,241	1,005	939	
84/2			2,868	2,113	1,597	1,392	1,188	1,055	831	812	
85/1				2,261	1,545	1,262	1,073	949	734	714	
85/2					2,426	1,722	1,351	1,233	965	920	
86/1						2,154	1,451	1,237	951	903	
86/2							2,101	1,510	1,052	1,018	
Total	17,722	17,761	17,926	17,566	17,168	16,956	16,360	14,367	11,291	10,870	
				PERCENT OF	F INITIAI	L NUMBER					
83/2	100.0	81.5	71.3	63.0	55.7	50.4	44.4	40.3	32.5	31.4	
84/1		100.0	72.8	61.0	52.1	45.1	40.1	37.4	30.3	28.3	
84/2			100.0	73.7	55.7	48.5	41.4	36.8	29.0	28.3	
85/1				100.0	68.3	55.8	47.5	42.0	32.5	31.6	
85/2					100.0	71.0	55.7	50.8	39.8	37.9	
86/1						100.0	67.4	57.4	44.2	41.9	
86/2							100.0	71.9	50.1	48.5	

Period of					Calend	ar period				
initial eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBRI	R OF ENROL	LEES				
83/2	13,089	10,513	9,317	8,346	7,609	6,975	6,395	5,934	5,130	4,97
84/1		2,599	1,752	1,482	1,249	1,071	990	918	754	720
84/2			2,059	1,370	1,036	878	772	685	552	530
85/1				1,589	989	757	625	561	421	40
85/2					1,454	942	712	608	467	430
86/1						1,294	775	599	449	41
86/2							1,252	823	542	53
Total	13,089	13,112	13,128	12,787	12,337	11,917	11,521	10,128	8,315	8,022
				PERCENT (OF INITIA	<u>L NUMBER</u>				
83/2	100.0	80.3	71.2	63.8	58.1	53.3	48.9	45.3	39.2	38.
84/1		100.0	67.4	57.0	48.1	41.2	38.1	35.3	29.0	27.
84/2			100.0	66.5	50.3	42.6	37.5	33.3	26.8	26.
85/1				100.0	62.2	47.6	39.3	35.3	26.5	25.
85/2					100.0	64.8	49.0	41.8	32.1	30.
86/1						100.0	59.9	46.3	34.7	32.
86/2							100.0	65.7	43.3	42.

Table 4.1.B.4 Medicaid enrollment during the **project period**, by period of initial eligibility: C GROUP AGED LESS THAN 18 YEARS.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROLL	<u>kes</u>					
83/2	8,513	6,931	5,957	5,329	4,682	4,199	3,754	3,433	2,809	2,725	
84/1		1,663	1,204	990	883	736	642	589	486	469	
84/2			1,400	966	750	628	541	405	379	351	
85/1				1,103	764	602	508	440	374	366	
85/2					1,142	a25	640	561	450	421	
86/1						1,077	738	566	432	396	
86/2							1,041	716	475	465	
Total	8,513	8,594	8,561	8,388	a,229	8,067	7,864	6,790	5,405	5,193	
				PERCENT C	F INITIAL	. NUMBER					
83/2	100.0	81.4	70.0	62.6	55.0	49.3	44.1	40.3	33.0	32.0	
84/1		100.0	72.4	59.5	53.1	44.3	38.6	35.4	29.2	20.2	
84/2			100.0	69.0	54.1	44.9	38.6	34.6	27.1	25.1	
85/1				100.0	69.3	54.6	46.1	39.9	33.9	33.2	
85/2					100.0	72.2	56.0	49.1	39.4	36.9	
86/1						100.0	68.5	52.6	40.1	36.8	
86/2							100.0	68.8	45.6	44.7	

Table 4.1.B.5 Medicaid enrollment during the **project period**, by period of initial eligibility: C GROUP AGED 18 THROUGH **59 YEARS**.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	<u>of Enroll</u>	<u>kes</u>					
83/2	6,361	5,030	4,471	4,050	3,709	3,366	3,111	2,903	2,405	2,419	
84/1		1,260	046	696	615	532	477	436	359	334	
84/2			1,021	601	514	437	393	340	263	245	
85/1				781	493	367	317	270	244	226	
85/2					750	475	375	320	271	256	
86/1						640	393	294	224	206	
86/2							594	395	275	267	
Total	6,361	6,290	6,330	6,216	6,001	5,025	5,660	4,902	4,121	3,953	
			į	PERCENT ()	F initial	NUMBER_					
83/2	100.0	79.1	70.3	63.0	50.3	52.9	48.9	45.6	39.1	30.0	
84/1		100.0	66.7	54.9	40.5	42.0	37.6	34.4	20.3	26.3	
84/2			100.0	66.7	50.3	42.0	30.5	34.1	25.0	24.0	
85/1				100.0	63.1	47.0	40.6	35.6	31.2	20.9	
85/2					100.0	63.3	50.0	43.7	36.1	34.1	
86/1						100.0	60.7	45.4	34.6	31.0	
86/2							100.0	66.5	46.3	45.0	

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 $\label{thm:continuous} Table~4.1.B.6~$ Medicaid enrollment during the <code>project_period</code>, by period of initial eligibility: C GROUP <code>AGED</code> 60 YEARS AND OLDER.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROLLE	KES .					
83/2	1,699	1,499	1,406	1,328	1,238	1,169	1,121	1,081	970	925	
84/1		191	163	147	130	124	103	98	a7	05	
84/2			162	135	114	111	100	97	75	76	
85/1				127	104	89	79	77	69	65	
85/2					113	94	85	75	64	61	
86/1						105	93	83	75	67	
86/2							113	89	75	15	
total	1,699	1,690	1,731	1,737	1,699	1,692	1,694	1,600	1,415	1,354	
				PERCENT O	F INITIAL I	<u>iumber</u>					
83/2	100.0	80.2	82.0	70.2	72.9	68.8	66.0	63.6	57.1	54.4	
84/1		100.0	85.3	77.0	68.1	64.9	53.9	51.3	45.6	44.5	
84/2			100.0	83.3	70.4	68.5	61.7	59.9	46.3	46.9	
85/1				100.0	81.9	70.1	62.2	60.6	54.3	51.2	
85/2					100.0	83.2	75.2	66.4	56.6	54.0	
86/1						100.0	48.6	79.1	71.4	63.8	
86/2							100.0	78.0	66.4	66.4	

Table 4.1 **.B.7**Medicaid enrollment: Percent remaining enrolled each successive g r o u p s

		1 year	2 years	3 years	4 years
Period of initial eligibility:	Age category and group:				
	0-17				
83/2	E C	71.3 70.0	55.7 55.0	44.4 44.1	32.5 33.0
	18-15				
	E C	71.2 70.3	58.3 58.3	48.9 48.9	39.2 39.2
	60+				
	E C	82.7 82.8	72.7 72.9	65.2 66.0	5 6 . 5 57.1
84/1	o - 1 7				
	E C	5 7 . 0 54.9	4 1 . 2 42.0	⁴ 35.3 34.4	27.7 26.3
	18-59				
	E C	61.0 59.5	45.1 44.3	37.4 35.4	28.3 28.2
	60+				
	E C	73.0 77.0	63.5 64.9	55.6 51.3	44.9 44.5
84/2	o-17				
	E C	55.7 54.1	41.4 38.6	29.0 27.1	

Table **4.1.B.7.** . (Cont'd)

		1 year	2 years	3 years	4 years
Period of initial eligibility:	Age category and group:				
	1869				
	E C	50. 3 50. 3	38. 5 37. 5	25. 8 26. 8	
	60+				
	E C	74. 1 70. 4	60. 4 61. 7	46. 4 46. 3	
85/1	о-17				
	E C	55. 8 54. 9	42. 0 39. 9	31. 6 33. 2	
	18-59				
	E C	47. 6 47. 0	35. 3 35. 6	25. 5 28. 9	
	60+				
	E C	70. 6 70. 1	61. 2 60. 6	53. 1 51. 2	
85/2	o- 17				
	E C	55.7 56.0	39.8 39.4		
	18- 59				
	E C	49.0 50. 0	32. 1 36. 1		
	60+				
	E C	72. 6 75. 2	61. 3 56. 6		

Table 4.1 .B.7. (Cont'd)

		1 year	2 years	3 years	4 years
Period of initial eligibility:	Age category and group:				
86/1	o-17				
	E C	57.4 52.6	41.9 36.8		
	18-59				
	E C	46.3 45. 4	32.0 31. 8		
	60+				
	E C	73.9 79. 1	60. 8 63. 8		
86/2	o-17				
	E C	50.1 45.6			
	18-59				
	E C	43. 3 46. 3			
	60t				
	E C	67. 0 66. 4			

 $Table\ 4.1.C.2$ Medicaid enrollment during the project period, by period of initial eligibility: E GROUP MALES.

Period of initial eligible bility	Calendar period										
	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROL	LEES					
83/2	13,884	11,127	9,690	8,540	7,634	6,911	6,201	5,638	4,706	4,515	
84/1		2,856	1,961	1,621	1,386	1,204	1,067	980	816	769	
84/2			2,388	1,671	1,262	1,060	911	786	621	597	
85/1				1,897	1,227	975	813	726	544	534	
85/2					1,918	1,280	987	868	683	654	
86/1						1,701	1,092	878	663	612	
86/2							1,688	1,132	763	760	
Total	13,884	13,983	14,039	13,729	13,427	13,131	12,759	11,008	8,796	8,441	
			!	PERCENT O	F INITIAL	NUMBER					
83/2	100.0	80.1	69.8	61.5	55.0	49.0	44.7	40.6	33.9	32.5	
84/1		100.0	68.7	56.8	48.5	42.2	37.4	34.3	28.6	26.9	
84/2			100.0	70.0	52.9	44.4	38.2	32.9	26.0	25.0	
85/1				100.0	64.7	51.4	42.9	38.3	20.7	28.2	
85/2					100.0	66.7	51.5	45.3	35.6	31.1	
86/1						100.0	64.2	51.6	39.0	36.0	
86/2							100.0	67.1	45.2	45.0	

Table **4.1.C.3**Medicaid enrollment during the project-period, by period of initial eligibility: C GROUP FEMALES.

Period of initial eligi-bili ty	Calendar period									
	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROLL	RES_				
83/2	9,979	8,253	7,345	6,670	6,020	5,439	4,980	4,651	3,990	3,837
84/1		1,734	1,277	1,056	945	826	728	674	565	544
84/2			1,386	987	789	665	594	529	425	403
85/1				1,094	769	598	523	457	385	368
85/2					1,093	771	610	548	447	422
86/1						981	675	515	404	378
86/2							925	650	456	453
Total	9,979	9,987	10,008	9,807	9,616	9,280	9,035	8,024	6; 672	6,405
				PERCENT ()	F INITIAL	<u>number</u>				
83/2	100.0	82.7	73.6	66.8	60.3	54.5	49.9	46.6	40.0	38.5
84/1		100.0	73.6	60.9	54.5	47.6	42.0	38.9	32.6	31.4
84/2			100.0	71.2	56.9	48.0	'42.9	38.2	30.7	29.1
85/1				100.0	70.3	54.1	47.8	41.8	35.2	33.6
85/2					100.0	70.5	55.8	50.1	40.9	38.6
86/1						100.0	68.8	52.5	41.2	38.5
86/2							100.0	70.3	49.3	49.0

Table 4.1.C.4 Medicaid enrollment during the **project period**, by period of initial eligibility: C GROUP MALES.

Period of initial					Calenda	r period				
eligi- bili ty	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROL	LBBS				
83/2	6,594	5,207	4,489	4,045	3,609	3,295	3,006	2,766	2,274	2,232
84/1		1,388	936	777	683	566	494	449	367	344
84/2			1,197	795	597	511	440	401	292	269
85/1				917	592	460	381	338	302	289
85/2					912	623	490	416	338	316
86/1						849	549	428	327	291
86/2							823	550	369	354
Total	6,594	6,595	6,622	6,534	6,393	6,304	6,183	5,348	4,269	4,095
				<u>Percent</u> c	F INITIAL	NUMBER				
83/2	100.0	79.0	68.1	61.3	54.7	50.0	45.6	42.0	34.5	33.
84/1		100.0	67.4	56.0	49.2	40.8	35.6	32.4	26.4	24.8
84/2			100.0	66.4	49.9	42.7	36.8	33.5	24.4	22.5
85/1				100.0	64.6	50.2	41.6	36.9	32.9	31.5
85/2					100.0	68.3	53.7	45.6	37.1	-34.
86/1						100.0	64.7	50.4	38.5	34.
86/2							100.0	66.8	44.8	43.0

Table 4.1 .C.5.

Medicaid enrollment: Percent remaining enrolled at annual intervals from initial period of eligibility for E and C groups by gender.

1	year	2 yrs	3 yrs	4 yrs
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Period of initial eligibility

	Group:				
83/2	E female C females	74. 1 73. 6	60.5 60.3	50.5 49.9	39.7 40. 0
	E males C males	69.8 68. 1	55.0 54.7	44. 7 45. 6	33.9 34. 5
84/1	E females C females	62.9 60.9	46. 7 47. 6	40. 4 38. 9	30. 8 31. 4
	E males C males	56. 8 56. 0	42. 2 40. 8	34. 3 32. 4	26.9 24. 8
84/2	E females C females	56. 4 56. 9	43. 6 42. 9	32.0 30.7	
	E males C males	52.9 49.9	38.2 36.8	26. 0 24. 4	
85/1	E females C females	55. 4 54. 7	42. 5 41. 8	32.5 33.6	
	E males C males	51. 4 50. 2	38.3 36.9	28.2 31.5	
85/2	E females C females	56. 8 55. 8	40.9 40. 8		
	E females C females	51. 5 53. 7	35. 6 37. 1		

Table 4.1 .C.5. (Cont'd)

1 year	2 yrs	3 yrs	4 yrs	

Period of initial eligibility

	Group:		
86/1	E females C females	56.6 52.5	42.2 38.5
	E males C males	52.6 50.4	36.0 34.2
86/2	E females C females	51.9 49.3	
	E males C males	45.2 44.8	

Note:

Each entry represents the percentage remaining enrolled from the initial calendar period of eligibility.

Table 4.1.D.1 $\ddot{}$ Medicaid enrollment during the project period, by period of initial eligibility: E GROUP ELIGIBLE FOR MEDICAID THROUGH AID TO FAMILIES WITH DEPENDENT CHI LDREN .

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROL	LEES					
83/2	23,304	19,211	16,812	14,963	13,309	12,104	10,100	9,861	8,133	7,003	
84/1		3,872	2,055	2,412	2,041	1,194	1,614	1,508	1,213	1,149	
84/2			3,359	2,496	1,925	1,692	1,474	1,297	1,026	990	
85/1				2,508	1,105	1,406	1,207	1,074	033	808	
85/2					2,657	1,948	1,539	1,311	1,047	993	
86/1						2,104	1,529	1,211	975	940	
86/2							2,081	1,545	1,055	1,032	
Total	23,384	23,083	23,086	22,379	21,637	21,128	20,144	11,933	14,202	13,195	
				PERCENT C)F initia	L NUMBER					
83/2	100.0	02.2	72.2	64.0	56.9	51.8	45.8	42.2	34.0	33.7	
84/1		100.0	73.7	62.3	52.7	46.3	41.1	39.0	31.3	29.7	
84/2			100.0	74.3	57.3	50.4	43.9	38.6	30.5	29.5	
85/1				100.0	68.0	56.1	48.1	42.0	33.2	32.2	
85/2					100.0	73.3	57.9	51.6	39.4	37.4	
86/1						100.0	70.0	50.2	44.6	43.0	
86/2							100.0	74.2	50.7	49.6	

Table 4.1.D.2

Medicaid enrollment during the **project period**, by period of initial eligibility: E GROUP ELIGIBLE FOR **MEDICAID** THROUGH PROGRAMS FOR AGED, BLIND, AND DISABLED.

Period of initial	Calendar period											
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				NUMBER	OF ENROLI	JEES_						
83/2	4,303	3,979	3,020	3,633	3,513	3,366	3,264	3,139	2,900	2,002		
84/1		500	439	411	392	370	362	344	312	290		
84/2			409	354	310	299	279	263	220	221		
85/1				300	250	212	194	197	171	152		
85/2					314	276	235	225	207	196		
86/1						236	215	185	162	149		
86/2							243	205	163	156		
Total	4,303	4,479	4,676	4,698	4,707	4,759	4,792	4,550	4,143	3,974		
				PERCENT OF	INITIAI	_ NUMBER						
83/2	100.0	92.5	09.0	04.4	01.6	70.2	75.9	73.0	67.4	65.1		
84/1		100.0	87.8	02.2	70.4	74.0	72.4	60.0	62.4	59.6		
84/2			100.0	86.6	75.0	73.1	60.2	64.3	55.0	54.0		
85/1				100.0	06.0	70.7	64.7	65.7	57.0	50.7		
85/2					100.0	87.9	74.0	71.7	65.9	62.4		
86/1						100.0	91.1	70.4	60.6	63.1		
86/2							100.0	04.4	67.1	64.2		

Table 4.1.D.3 Medicaid enrollment during the project,-period, by period of initial eligibility: E GROUP ELIGIBLE FOR MEDICAID THROUGH GENERAL ASSISTANCE.

Period of initial					Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NOMBER	OF ENROLI	BES				
83/2	3,009	2,333	2,008	1,803	1,648	1,432	1,297	1,177	1,055	992
84/1		896	601	519	426	349	320	294	251	233
84/2			591	365	280	229	189	176	158	155
85/1				524	323	243	209	185	139	144
85/2					527	310	231	205	173	159
86/1						508	278	227	160	140
86/2							472	272	196	199
Total	3,009	3,229	3,200	3,211	3,204	3,071	3,004	2,536	2,132	2,022
				PERCENT ()	F initial	NUMBER				
83/2	100.0	77.5	66.7	59.9	54.8	47.6	43.1	39.1	35.1	33.0
84/1		100.0	67.1	57.9	47.5	39.0	36.6	32.8	28.0	26.0
84/2			100.0	61.8	47.4	38.8	32.0	29.8	26.7	26.2
85/1				100.0	61.6	46.4	39.9	35.3	26.5	27.5
85/2					100.0	58.8	43.8	38.9	32.8	30.2
86/1						100.0	54.7	44.7	31.5	27.6
86/2							100.0	57.6	41.5	42.2

Period of initial	Calendar period											
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				NUMBER (OF ENROLL	BES_						
83/2	3,384	2,281	1,954	1,622	1,384	1,234	1,130	918	641	646		
84/1		1,045	593	452	381	306	253	231	173	155		
84/2			911	559	372	281	225	198	130	145		
85/1				763	456	331	244	204	147	145		
85/2					630	341	238	207	157	157		
86/1						696	359	283	214	195		
86/2							772	494	324	304		
Total	3,384	3,326	3,458	3,396	3,223	3,189	3,221	2,535	1,786	1,747		
				PERCENT OF	F INITIAL I	<u>NUMBER</u>						
83/2	100.0	67.4	57.7	47.9	40.9	36.5	33.4	27.1	18.9	19.1		
84/1		100.0	56.8	43.3	36.5	29.3	24.2	22.1	16.6	14.8		
84/2			100.0	61.4	40.8	30.9	24.7	21.7	14.3	15.9		
85/1				100.0	59.8	43.4	32.0	26.7	19.3	19.0		
85/2					100.0	54.1	37.8	32.9	24.9	24.9		
86/1						100.0	51.6	40.7	30.8	28.0		
86/2							100.0	64.0	42.0	39.4		

Table 4.1.D.5 Medicaid enrollment during the **project period**, by period of initial eligibility: C GROUP ELIGIBLE FOR MEDICAID **THROUGH** AID TO FAMILIES WITH DEPENDENT CHILDREN.

Period of initial	Calendar period										
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
				NUMBER	OF ENROI	LEES					
83/2	11,219	9,230	8,089	7,239	6,441	5,792	5,206	4,758	3,941	3,854	
84/1		2,001	1,462	1,210	1,067	902	794	720	588	574	
84/2			1,668	1,162	917	757	673	601	466	433	
85/1				1,241	880	691	603	511	453	439	
85/2					1,218	894	709	632	509	476	
86/1						1,109	791	606	462	44	
86/2							1,021	714	485	477	
Total	11,219	11,231	11,219	10,852	10,523	10,145	9,797	8,542	6,904	6,694	
				<u>PERCENT</u> O	F INITIA	L NUMBER					
83/2	100.0	02.3	72.1	64.5	57.4	51.6	46.4	42.4	35.1	34.4	
84/1		100.0	73.1	60.5	53.3	45.1	39.7	36.0	29.4	28.	
84/2			100.0	69.7	55.0	45.4	40.4	36.0	27.9	26.0	
85/1				100.0	70.9	55.7	48.6	41.2	36.5	35.4	
85/2					100.0	13.4	58.2	51.9	41.8	39.	
86/1						100.0	71.3	54.6	41.7	39.	
86/2							100.0	69.9	47.5	46.	

Table **4.1.D.6** 'Medicaid enrollment during the **project period**, by period of initial eligibility: C GROUP ELIGIBLE FOR MEDICAID THROUGH PROGRAMS FOR AGED, BLIND, AND DISABLED.

Period of initial					Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROLL	<u>ees</u>				
83/2	2,201	2,025	1,940	1,869	1,773	1,698	1,654	1,617	1,491	1,423
84/1		261	234	218	199	194	172	171	152	142
84/2			204	177	155	150	138	137	107	103
85/1				160	130	115	106	100	88	84
85/2					153	132	125	113	99	95
86/1						134	121	108	93	82
86/2							135	107	87	86
Total	2,201	2,286	2,378	2,424	2,410	2,423	2,451	2,353	2,117	2,015
			1	PERCENT O	F INITIAL	<u>NUMBER</u>				
83/2	100.0	92.0	88.1	84.9	80.6	77.2	75.2	73.5	67.7	64.7
84/1		100.0	89.7	83.5	76.3	74.3	65.9	65.5	58.2	54.4
84/2			100.0	86.8	76.0	73.5	67.7	67.2	52.5	50.5
85/1				100.0	81.3	71.9	66.3	62.5	55.0	5 2
85/2					100.0	86.3	81.7	73.9	64.7	62.1
86/1						100.0	90.3	80.6	69.4	61.2
86/2							100.0	79.3	64.4	63.7

Period of initial					Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER (<u>of enroll</u>	EBS_				
83/2	1,470	1,119	928	835	739	673	591	556	481	451
84/1		336	212	183	169	139	133	115	106	99
84/2			289	182	143	114	97	85	74	66
85/1				254	160	114	87	88	82	72
85/2					294	176	142	124	106	98
86/1						280	149	124	95	73
86/2							217	123	87	78
Total	1,470	1,455	1,429	1,454	1,505	1,496	1,416	1,215	1,031	943
				PERCENT OF	INITIAL	NUMBER				
83/2	100.0	76.1	63.1	56.8	50.3	45.8	40.2	37.8	32.7	31.1
84/1		100.0	63.1	54.5	50.3	41.4	39.6	34.2	31.6	29.
84/2			100.0	63.0	49.5	39.5	'33.6	29.4	25.6	22.
85/1				100.0	63.0	44.9	34.3	34.7	32.3	28.
85/2					100.0	59.9	48.3	42.2	36.1	33.
86/1						100.0	53.2	44.3	33.9	26.
86/2							100.0	56.7	40.1	35.9

Period of initial					Calenda	r period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROLL	<u>ees</u>				
83/2	1,683	1,086	877	772	676	571	535	486	351	335
84/1		524	305	222	193	157	123	117	86	73
84/2			422	261	171	155	126	107	70	70
85/1				356	191	138	108	96	64	62
85/2					340	192	124	95	71	69
86/1						307	163	105	81	73
86/2							375	256	166	166
Total	1,683	1,610	1,604	1,611	1,571	1,520	1,554	1,262	889	848
				PERCENT	OF INITIA	L <u>nomber</u>				
83/2	100.0	64.5	52.1	45.9	40.2	33.9	31.8	28.9	20.9	19.9
84/1		100.0	58.2	42.4	36.8	30.0	23.5	22.3	16.4	13.9
84/2			100.0	61.9	40.5	36.7	29.9	25.4	16.6	16.6
85/1				100.0	53.7	38.8	30.3	27.0	18.0	17.4
85/2					100.0	56.5	36.5	27.9	20.9	20.3
86/1						100.0	53.1	34.2	26.4	23.8
86/2							100.0	68.3	44.3	44.3

n

Table **4.1.D.9.**Medicaid enrollment: distribution by Assistance category by calendar period of initial eligibility.

Assistance Category

		AFDC	ABD	GA	Other	
Period of Eligibility:						
83/2	Е	68. 6	12. 6	8.8	9.9	
	С	67. 6	13. 2	8.8	10. 1	
84/1	Е	61. 3	8. 3	14. 2	16. 7	
	С	64. 0	7. 9	10.7	16. 5	
84/2	Е	63. 7	7. 8	11. 2	17. 2	
	С	64. 6	7. 9	11. 2	16. 3	
85/1	Е	61. 2	7. 3	12.7	18.6	
	С	61.7	7. 9	12.6	17.7	
85/2	Е	64. 3	7. 6	12.7	15. 26	
	С	60.7	7. 6	14.6	16. 9	
86/1	Е	60. 2	6. 5	14.0	19. 2	
	С	60. 6	7.3	15. 3	16. 7	
86/2	Е	58. 3	6.8	13. 2	21. 63	
	С	58. 4	7.7	12. 4	21. 45	

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Table 4.1.0.10.

Medicaid enrollment: Percent remaining enrolled at annual intervals of the initial period of eligibility for E and C groups disaggregated by category of assistance for the 83/2 beginning period population.

3 years

4 years

2 years

Assistance Category:				
AFDC	E 72.2 %	56.9	45.8	34.8
	C 72.1	57.4	46.4	35.1
ABD	E 89.0	81.6	75.9	67.4
	c 88.1	80.6	75.2	67.7
GA	E 66.7	54.8	43.1	35.1
	C 63.1	50.3	40.2	32.7
Other	E 57.7	40.9	33.4	18.9
	C 52.1	40.2	31.8	20.9

1 year

Table 4.1.0.11. • Medicaid enrollment: Percent remaining enrolled at annual intervals after initial period of eligibility for E and C groups by assistance category for Newly Eligible Cohorts.

		1 year	2 years	3 years	4 years
Cohort	Assistance Category				
84/1	AFDC				
	E C	62.3 64.5	46.3 45.1	39.0 36.0	29.7 28.7
	ABD				
	E C	82.2 83.5	74.0 74.3	68.8 65.5	59.6 54.4
	GA				
	E C	57.9 54.5	39.0 41.4	32.8 34.2	26.0 29.5
	Other				
	E C	43.3 42.4	29.3 30.0	22.1 22.3	14.8 13.9
84/2	AFDC				
	E C	57.3 55.0%	43.9 40.4	30.5 27.0	
	ABD				
	E C	75.8 76.0	68.2 67.7	55.8 52.5	
	GA				
	E C	47.4 49.5	32.0 33.6	26.7 25.6	

Table4.1.D.11. (Cont'd)

		1	2 years	3 years	4 years
Cohort	Assistance Category				
	Other				
	E	40.8	24.7	14.3	
	С	40.5	29.9	16.8	
85/1	AFDC				
	E C	58.1 55.7	42.8 41.2	32.2 35.4	
	ABD				
	E C	70.6 71.8	65.66 62.5	50.66 52.5	
	GA				
	E C	46.37 44.88	35.30 34.64	27.48 28.34	
	Other				
	E C	43.3 38.76	26.7 26.9	19.0 17.4	
85/2	AFDC				
	E C	57.9 58.2	39.4 41.8		
	ABD				
	E C	74.8 81.7	65.9 64.7		
	GA				
	E C	43.8 48.3	32.8 36.1		

Table **4.1.D.11.** (Cont'd)

		1 year	2 years	3 years	4 years
Cohort	Assistance Category				
	Other				
	E C	37.8 36.5	24.9 20.9		
86/1	AFDC				
	E C	58.2 54.6	43.0 39.8		
	ABD				
	E C	78.4 80.6	63.1 61.2		
	GA				
	E C	44.7 44.3	27.6 26.1		
	Other				
	E C	40.7 34.2	28.0 23.8		
86/2	AFDC				
	E C	50.7 47.5			
	ABD				
	E C	67.1 64.4			
	GA				
	E C	41.5 40.1			
	Other				
	E C	42.0 44.3			

Table **4.1.E.1** Medicaid enrollment during the **project period**, by period of initial eligibility: E GROUP WITH NEITHER **CHRONIC** MEDICAL DIAGNOSIS OR SUBSTANCE ABUSE.

Period of initial	Calendar period											
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				NUMBER	OF ENRO	LLERS						
83/2	22,072	17,259	14,868	12,988	11,435	10,290	9,072	6,269	6,783	6,569		
84/1		4,573	3,085	2,523	2,097	1,789	1,508	1,476	1,180	1,118		
84/2			3,945	2,720	1,958	1,663	1,403	1,237	954	932		
85/1				3,121	1,962	1,517	1,254	1,114	843	816		
85/2					3,109	2,081	1,578	1,402	1,099	1,036		
86/1						2,767	1,748	1,438	1,079	1,010		
86/2							2,709	1,873	1,261	1,227		
Total	22,072	21,832	21,898	21,352	20,561	20,107	19,352	16,809	13,199	12,708		
				<u>PERCEN</u>	T OF INIT	IAL NUMBER						
83/2	100.0	70.2	67.4	58.8	51.8	46.6	41.1	37.5	30.7	29.8		
84/1		100.0	67.5	55.2	45.9	39.1	34.7	32.3	25.8	24.5		
84/2			100.0	69.0	49.6	42.2	35.6	31.4	24.2	23.6		
85/1				100.0	62.9	48.6	40.2	35.7	27.0	26.2		
85/2					100.0	66.9	50.8	45.1	35.4	33.3		
86/1						100.0	63.2	52.0	39.0	36.5		
86/2							100.0	69.1	46.6	45.3		

Period of initial	Caleadar period											
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				NUMBER	OF ENROL	LEES						
83/2	11,234	9,944	9,281	8,569	8,013	7,453	6,968	6,514	5,659	5,471		
84/1		1,505	1,266	1,158	1,049	954	897	834	713	666		
84/2			1,136	947	838	769	701	634	534	530		
85/1				784	650	583	523	485	405	392		
85/2					840	684	586	540	441	428		
86/1						670	530	456	382	366		
86/2							678	542	404	390		
Total	11,234	11,449	11,683	11,458	11,390	11,113	10,883	10,005	8,538	8,243		
				PERCENT OF	<u>INITIAL N</u>	<u>UMBER</u>						
83/2	100.0	88.5	82.6	76.3	71.3	66.3	62.0	58.0	50.4	48.		
84/1		100.0	84.1	76.9	69.7	63.4	59.6	55.4	47.4	44.3		
84/2			100.0	83.4	73.8	67.7	61.7	55.8	47.0	46.7		
85/1				100.0	82.9	74.4	66.7	61.9	51.7	50.0		
85/2					100.0	81.4	69.8	64.3	52.5	51.0		
86/1						100.0	79.1	68.1	57.0	54.6		
86/2							100.0	79.9	59.6	57.5		

Table 4.1.E.3 Medicaid enrollment during the project period, by period of initial eligibility: E GROUP WITH SUBSTANCE ABUSE.

Period of initial					Calendar	period				
eligi- bilitp	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER (OF ENROLL	KES_				
83/2	774	601	513	464	406	393	351	318	207	203
84/1		235	137	113	94	76	72	67	56	5
84/2			189	107	91	69	63	63	54	49
85/1				190	130	92	77	61	42	4
85/2					179	110	79	66	44	4
86/1						187	103	72	50	4
86/2							181	101	73	7
Total	774	836	839	a74	900	927	926	748	606	58
				<u>Percent (</u>	F initial	<u>NUMBER</u>				
83/2	100.0	77.7	66.3	60.0	52.5	50.8	45.4	41.1	37.1	36.
84/1		100.0	58.3	48.1	40.0	32.3	30.6	20.5	23.8	21.
84/2			100.0	56.6	48.2	36.5	33.3	33.3	28.6	25.
85/1				100.0	68.4	48.4	40.5	32.1	22.1	21.
85/2					100.0	61.5	44.1	36.9	24.6	22.
86/1						100.0	55.1	38.5	26.7	25.
86/2							100.0	55.8	40.3	40.

Table 4.1.E.4 - Medicaid enrollment during the project period, by period of initial eligibility: C GROUP WITH NEITHER CHRONIC MEDICAL DIAGNOSIS OR SUBSTANCE ABUSE.

Period of initial					Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROLL	<u>res</u>				
83/2	10,483	8,116	6,898	6,088	5,341	4,717	4,227	3,887	3,225	3,114
84/1		2,340	1,572	1,269	1,105	899	773	707	571	552
84/2			1,898	1,232	923	780	671	592	447	41′
85/1				1,520	992	740	611	526	456	43
85/2					1,488	987	746	648	515	484
86/1						1,377	887	650	491	44′
86/2							1,338	890	582	56
Total	10,483	10,456	10,368	10,109	9,849	9,500	9,253	7,900	6,287	6,020
				PERCENT	OF INITIA	L NUMBER				
83/2	100.0	77.4	65.8	58.1	51.0	45.0	40.3	37.1	30.8	29.
84/1		100.0	67.2	54.2	47.2	38.4	33.0	30.2	24.4	23.
84/2			100.0	64.9	48.6	41.1	35.4	31.2	23.6	22.
85/1				100.0	65.3	48.7	40.2	34.6	30.0	28.
85/2					100.0	66.3	50.1	43.6	34.6	32.
86/1						100.0	64.4	47.2	35.7	32.
86/2							100.0	66.5	43.5	42.

Period of initial	Calendar period											
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				NUMBER	<u>of Enroll</u>	<u>ees</u>						
83/2	5,688	5,024	4,649	4,374	4,064	3,803	3,563	3,348	2,882	2,795		
84/1		699	596	524	484	465	419	397	343	319		
84/2			572	476	402	351	322	297	239	228		
85/1				399	310	280	260	240	206	199		
85/2					430	354	308	278	240	225		
86/1						353	287	257	208	192		
86/2							316	257	203	199		
Total	5,688	5,723	5,817	5,773	5,690	5,606	5,475	5,074	4,321	4,157		
				PERCENT	OF INITIA	L NUMBER						
83/2	100.0	88.3	81.7	76.9	71.5	66.9	62.6	58.9	50.7	49.1		
84/1		100.0	85.3	75.0	69.2	66.5	59.9	56.8	49.1	45.6		
84/2			100.0	83.2	70.3	61.4	' 56.3	51.9	41.8	39.9		
85/1				100.0	77.7	70.2	65.2	60.2	51.6	49.9		
85/2					100.0	82.3	71.6	64.7	55.8	52.3		
86/1						100.0	81.3	72.8	58.9	54.4		
86/2							100.0	81.3	64.2	63.0		

n

 $\label{thm:continuous} Table~4.1.E.6~$ Medicaid enrollment during the <code>project.period</code>, by period of initial eligibility: C GROUP WITH SUBSTANCE <code>ABUSE.</code>

Period of initial					Calenda	r_ period				
eligi- bility	83/2	1 84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF BNROLL	BBS				
83/2	402	320	287	253	224	214	196	182	157	160
84/1		a3	45	40	39	28	30	19	18	17
84/2			113	74	61	45	41	41	31	27
85/1				92	59	38	33	29	25	21
85/2					87	53	46	38	30	29
86/1						100	50	36	32	30
86/2							94	53	40	39
Total	402	403	445	459	470	478	490	398	333	323
				PERCENT ()	F INITIAL	<u>NUMBER</u>				
83/2	100.0	79.6	71.4	62.9	55.7	53.2	48.8	45.3	39.1	39.8
84/1		100.0	54.2	40.2	47.0	33.7	36.1	22.9	21.7	20.5
84/2			100.0	65.5	54.0	39.0	'36.3	36.3	27.4	23.9
85/1				100.0	64.1	41.3	35.9	31.5	27.2	22.8
85/2					100.0	60.9	52.9	43.7	34.5	33.3
86/1						190.0	50.0	36.0	32.0	30.0
86/2							100.0	56.4	42.6	41.5

Table 4.1 .E.7.

Medicaid enrollment: Number and percent of enrollees with CMD or CDP diagnoses in each calendar period population for E and C groups.

Calendar Period

	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
r <u>Gup:</u>										
Experimental	34,080	34,117	34,420	33,684	32,851	32,147	31,161	27,562	22,343	21,538
CMD	11,234	11,449	11,683	11,458	11,390	11,113	10,881	10,005	8,538	8,243
%CMD	32.95	33.55	33.94	34.02	34.67	34.56	34.92	36.29	38.21	38.27
CDP	774	836	839	874	900	927	926	748	606	587
%CDP	2.27	2.45	2.43	2.59	2.73	2.88	2.97	2.71	2.71	2.72
<u>Control</u>	16,573	16,582	16,630	16,341	16,009	15,584	15,218	13,372	10,941	10,500
CMD	5,688	5,723	5,817	5,773	5,690	5,606	5,475	5,074	4,321	4,157
% CMD	34.32	34.51	34.97	35.32	35.54	35.97	35.97	37.94	39.49	39.59
CDP	402	403	445	459	470	478	490	398	333	323
% CDP	2.43	2.43	2.67	2.81	2.93	3.06	3.21	2.98	3.04	3.07

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Table 4.1 .E.8.

Medicaid enrollment: Percent enrolled each successive year following period of initial eligibility by diagnosis for E group and C group.

			1 Year	2 Years	3 Years	4 Years
Period of initial eligibility:						
	-	Diaanosis:				
83/2	E	No CMD CMD Ratio: CDP Ratio:	67.4 82.6 123% 51.3 98%	51.8 71.3 138% 52.5 114%	41.1 62.0 151% 45.4 131%	30.7 50.4 164% 37.1 144%
	С	Non-CMD CMD Ratio: CDP Ratio:	65.8 81.7 124% 71.4 109%	51.0 71.5 140% 55.7 109%	40.3 62.6 155% 48.8 121%	30.8 50.7 165% 39.1 127%
84/1	E	Non-CMD CMD Ratio: CDP Ratio:	55.2 76.9 139% 48.1 87%	39.1 63.4 162% 32.3 83%	32.3 55.4 171% 28.5 88%	24.5 44.3 181% 21.7 89%
	С	Non-CMD CMD Ratio: CDP Ratio:	54.2 75.0 139% 48.2 89%	38.4 66.5 173% 33.7 88%	30.2 56.8 188% 22.9 76%	23.6 45.6 193% 20.5 87%
84/2	E .	Non-CMD CMD Ratio: CDP Ratio:	49.6 73.8 148% 48.2 97%	35.6 61.7 173% 33.3 94%	24.2 47.0 194% 28.6 118%	
`	С	Non-CMD CMD Ratio: CDP Ratio:	48.6 70.3 145% 54.0 111%	35.4 56.3 159% 36.3 103%	23.6 41.8 177% 27.4 116%	

Table 4.1 X.8. (Cont'd)

			1 Year	2 Years	3 Years	4 Years
Period of initial eligibility:						
		<u>Diaanosis</u>				
85/1	E	Non-CMD CMD Ratio: CDP Ratio:	48.6 74.4 153% 48.4 99%	35.7 61.9 173% 32.1 90%	26.2 50.0 190% 21.6 82%	
	С	Non-CMD CMD Ratio: CDP Ratio:	48.7 70.2 144% 41.3 85%	34.6 60.2 174% 31.5 91%	28.8 49.9 173% 22.8 79%	
85/2	Е	Non-CMD CMD Ratio: CDP Ratio:	50.8 69.8 137% 44.1 67.0%	35.4 52.5 148% 24.6 69.0%		
	С	Non-CMD CMD Ratio: CDP Ratio:	50.1 71.6 143% 52.9 105%	34.6 55.8 161% 34.5 99%	·	
86/1	E	Non-CMD CMD Ratio: CDP Ratio:	52.0 68.1 130% 38.5 74%	36.5 54.6 150% 25.7 70%		
	С	Non-CMD CMD Ratio: CDP Ratio:	47.2 72.8 154% 36.0 76%	32.5 54.4 167% 30.0 92%		

Table 4.1 .E.8. (Cont'd)

			1 Year	2 Years	3 Years	4 Years	
Period of initial eligibility:							
		<u>Diaanosis</u>					
86/2	Е	Non-CMD CMD Ratio: CDP Ratio:	46.6 59.6 128% 40.3 86%				
	С	Non-CMD CMD Ratio: CDP Ratio:	43.5 64.2 147% 42.6 96%				

Note:

Ratio is the percent of CMD or CDP retained divided by the percent Non-CMD retained at each successive year from initial eligibility period.

Table 4.1.F.1 Medicaid enrollment during the **project period**, by period of initial eligibility: HIGH USER E GROUP.

Period of initial					Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>NUMBE</u>	R OF ENROL	LERS_				
83/2	5,427	5,204	4,945	4,631	4,387	4,124	3,852	3,625	3,170	3,052
84/1		888	839	794	721	644	624	573	493	470
84/2			648	605	549	503	462	435	362	353
85/1				434	410	375	334	306	257	250
85/2					468	443	405	382	308	294
86/1						374	364	334	275	252
86/2							333	333	279	272
Total	5,427	6,092	6,432	6,464	6,535	6,463	6,374	5,988	5,144	4,943
				<u>PERCENT OF</u>	<u>INITIAL</u>	NUMBER				
83/2	100.0	95.9	91.1	85.3	80.8	76.0	71.0	66.8	58.4	56.2
84/1		100.0	94.5	89.4	81.2	72.5	70.3	64.5	55.5	52.9
84/2			100.0	93.4	84.7	77.6	71.3	67.1	55.9	54.5
85/1				100.0	94.5	86.4	77.0	70.5	59.2	57.6
85/2					100.0	94.7	86.5	81.6	65.8	62.8
86/1						100.0	97.3	89.3	73.5	67.4
86/2							100.0	100.0	83.8	81.7

Table 4.1.F.2 Medicaid enrollment during the project period, by period of initial eligibility: NOT HIGH USER E GROUP.

Period of initial					Calenda	ar period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENRO	LEES				
83/2	28,653	22,600	19,717				12,539	11,476	9,559	9,271
84/1		5,425	3,649	3,000	2,519	2,175	1,933	1,804	1,456	1,365
84/2			4,622	3,169	2,338	1,998	1,705	1,499	1,180	1,158
85/1				3,661	2,332	1,817	1,520	1,354	1,033	999
85/2					3,660	2,432	1,838	1,626	1,276	1,211
86/1						3,250	2,017	1,632	1,236	1,172
86/2							3,235	2,183	1,459	1,419
Total	28,653	28,025	27,988	27,220	26,316	25,684	24,787	21,574	17,199	16,59
				PERCENT OI	F INITIA	<u>l number</u>				
83/2	100.0	78.9	68.8	60.7	54.0	48.9	43.8	40.1	33.4	32.
84/1		100.0	67.3	55.3	46.4	40.1	35.6	33.3	26.8	25.2
84/2			100.0	68.6	50.6	43.2	36.9	32.4	25.5	25.1
85/1				100.0	63.7	49.6	41.5	37.0	28.2	27.
85/2					100.0	66.5	50.2	44.4	34.9	33.
86/1						100.0	62.1	50.2	38.0	36.
86/2							100.0	67.5	45.1	43.9

Table 4.1.F.3 Medicaid enrollment during the project period, by period of initial eligibility: HIGH USER C GROUP.

Period of initial		• •			Calendar	period				
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER (OF ENROLL	<u>BES</u>				
83/2	2,797	2,673	2,523	2,394	2,252	2,129	2,019	1,927	1,656	1,603
84/1		403	378	342	333	312	289	272	234	22
84/2			329	316	281	245	223	203	173	15
85/1				238	225	207	194	181	153	14
85/2					244	228	210	la5	155	14
86/1						200	193	172	144	13
86/2							167	167	141	13
Total	2,797	3,076	3,230	3,290	3,335	3,321	3,295	3,107	2,656	2,54
				PERCENT (OF INITIA	L NUMBER				
83/2	100.0	95.6	90.2	85.6	80.5	76.1	72.2	68.9	59.2	57.
84/1		100.0	93.8	84.9	02.6	77.4	71.7	67.5	58.1	54.
84/2			100.0	96.1	85.4	74.5	67.8	61.7	52.6	47.
85/1				100.0	94.5	87.0	81.5	76.1	64.3	61.
85/2					100.0	93.4	86.1	75.8	63.5	61.
86/1						100.0	96.5	86.0	72.0	68.
86/2							100.0	100.0	84.4	80

Table 4.1.F.4 $\check{\ }$ Medicaid enrollment during the **project_period,** by period of initial eligibility: NOT **HIGH** USER C GROUP.

Period of initial	Calendar period									
eligi- bility	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				NUMBER	OF ENROL	LBES_				
83/2	13,776	10,787	9,311	8,321	7,377	6,605	5,967	5,490	4,608	4,466
84/1		2,719	1,835	1,491	1,295	1,080	933	851	698	66
84/2			2,254	1,466	1,105	931	811	727	544	51
85/1				1,773	1,136	851	710	614	534	51
85/2					1,761	1,166	890	779	630	58
86/1						1,630	1,031	771	587	533
86/2							1,581	1,033	684	67
Total	13,776	13,506	13,400	13,051	12,674	12,263	11,923	10,265	8,285	7,95
				<u>PERCENT</u>	OF INITIA	AL NUMBER				
83/2	100.0	78.3	67.6	60.4	53.6	48.0	43.3	39.9	33.5	32.
84/1		100.0	67.5	54.8	47.6	39.7	34.3	31.3	25.7	24.
84/2			100.0	65.0	49.0	41.3	36.0	32.3	24.1	22.
85/1				100.0	64.1	48.0	40.1	34.6	30.1	28.
85/2					100.0	66.2	50.5	44.2	35.8	33.
86/1						100.0	63.3	47.3	36.0	32.
86/2							100.0	65.3	43.3	42.

Table 4.1 **.F.5.**Medicaid enrollment: Percent retained at annual intervals by period of initial eligibility'for E and C groups by High Medical Utilizers (HU) and Non High Medical Utilizers (NHU).

		1 Year	2 Years	3 Years	4 Years
Cohor	t:				
	<u>Grou</u> p				
83/2	E - High User (HU) Not Hi User (NHU) Ratio:	91.1 68.8 132%	80.8 54.0 149%	71.0 43.8 162%	58.4 33.4 175%
	C-HU NHU Ratio:	90.2 67.6 133%	80.5 53.6 150%	72.2 43.3 166%	59.2 33.5 176%
84/1	E-HU NHU Ratio:	89.4 55.3 161%	72.5 40.1 180%	64.5 33.3 193%	52.9 25.2 209%
	C-HU NHU Ratio:	84.9 54.8 154%	77.4 39.7 195%	67.5 31.3 215%	54.6 24.6 222%
84/2	E-HU NHU Ratio:	84.7 50.6 167%	71.3 36.9 193%	55.9 25.5 219%	
	C-HU NHU Ratio:	85.4 49.0 174%	67.8 36.0 188%	52.6 24.1 218%	

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Table 4.1 .F.5. (Cont'd)

		1 Year	2 Years	3 Years	4 Years
Cohor	t:				
	Group				
85/1	E-HU NHU Ratio:	94.5 49.6 190%	77.0 37.0 206%	59.2 27.3 217%	
	C-HU NHU Ratio:	67.0 48.0 181%	76.1 34.6 219%	61.6 28.8 214%	
85/2	E- HU NHU Ratio:	86.5 50.2 172%	65.8 34.9 188%		
	C- HU NHU Ratio:	86.1 50.5 170%	63.5 35.8 177%		
86/1	E- HU NHU Ratio:	89.3 50.2 178%	67.4 36.1 187%		
	C- HU NHU Ratio:	86.0 47.3 182%	68.5 32.6 210%		

Table **4.1. F. 5.** (Cont'd)

		1 Year	2 Years	3 Years	4 Years
Cohor	t:				
	Group				
86/2	E-HU	83.8			
•	NHU Ratio:	45. 1 185%			
	0.1111	04.4			
	C-HU NHU	84. 4 43. 3			
	Ratio:	195%			

Table 4.1.F.6

Distribution of Medicaid population characteristics, by randomization group and high user status-,

Donalst' - :-	Randomizatio	n group	High user sta	tus (E only)
Popalation characteristic	Experimental	Control	RO	Not I I
	NOM	<u>BER</u>		
Whole population	61,078	29,872	8,572	52,506
Disease group Neither CAD or CDP CND CDP	42,296 16,847 1,935	20,444 8,457 971	2,837 5,058 677	39,459 11,789 1,258
Age group Less than 18 18 • 59 60 and nore	32,854 23,336 4,888	15,939 11,423 2,510	2,154 5,921 497	30,700 17,415 4,391
Gender Female Hale	34,746 26,332	17,192 12,680	5,486 3,086	29,260 23,246
Kligibilitp group APDC Aged, blind, disabled General assistance Other	40,045 6,305 6,527 8,201	19,477 3,248 3,140 4,007	4,419 1,405 2,096 652	35,626 4,900 4,431 7,549
High user status High aser Not high user	8,572 52,506	4,378 25,494		
	<u>PER</u> (<u>CENT</u>		
Disease group Neither CMD or CDP CID CDP	69.3 27.6 3.2	68.4 28.3 3.3	33.1 59.0 7.9	75.2 22.5 2.4
Age group Less than 18 18 • 59 60 and more	53.8 38.2 8.0	53.4 38.2 8.4	25.1 69.1 5.8	58.5 33.2 8.4
Gender Female Male	56.9 43.1	57.6 42.4	64.0 36.0	55.7 44.3
Eligibility group APDC Aged, blind, disabled General assistance Other	65.6 10.3 10.7 13.4	65.2 10.9 10.5 13.4	51.6 16.4 24.5 7.6	67.9 9.3 8. 14.4
High user status Not high user High nser	14.0 86.0	14.7 85.3		

Table 4.1 .G.1.

Medicaid enrollment: Number and percent In each calendar period without MHT utilization for E group and C group.

Calendar Period

		83/2	84/1	84/2	85/1	85/2	86/1	86/2
Group:								
	E - Total	34,080	34,117	34,420	33,684	32,851	32,147	31,161
	E - No MHT	29,333	29,160	29,407	28,635	27,796	27,176	26,373
	% No MHT	86.07%	85.47%	85.43%	85.01%	84.61%	84.53%	84.63%
	C - Total	16,573	16,582	16,630	16,341	16,009	15,584	15,218
	C - No MHT	14,426	14,428	14,406	14,100	13,767	13,375	13,629
	% No MHT	87.04%	87.01%	86.62%	86.28%	85.99%	85.82%	85.61%

Note:

Total entries are the number of enrollees (either E or C group) in each calendar period. No MHT (E or C group) entries are the number without any MHT usage before **83/2** or during any calendar period above. The %-No MHT expressed the N for No MHT as a percentage of total (100% - % No MHT = % MHT).

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Table 4.1 .G.2.

Medicaid enrollment: Percent'retained at annual intervals by period of initial eligibility for E and C groups by MHT status.

Annual intervals after initial eligibility

		1 Year	2 Years	3 Years	4 Years	
Period of initial eligibility:						
<u>83/2</u> :	E-No MHT E-OMHT Ratio:	71.2 76.3 107%	56.4 65.0 115%	46.0 55.8 121%	35.2 47.2 134%	
	E-Both Ratio:	92.8 130%	87.7 155%	78.9 172%	68.1 193%	
	E-TFMHT Ratio:	93.5 131%	90.2 160%	82.4 179%	60.3 171%	
	C-No MHT C-OMHT Ratio:	70.4 77.9% 111%	56.7 67.9% 120%	46.4 60.2% 130%	36.0 50.2% 139%	
<u>84/1</u> :	E-No MHT E-OMHT Ratio:	59.1 63.4 107%	43.7 45.8 105%	36.6 40.2 110%	28.0 33.0 118%	
	E-Both Ratio:	79.2 134%	75.0 171%	69.4 189%	51.4 184%	
	E-TFMHT Ratio:	87.5 148%	78.1 179%	68.8 188%	51.6 184%	
	C-No MHT C-OMHT Ratio:	57.9 65.6 113%	43.1 56.8 132%	34.5 48.0 139%	27.1 39.9 147%	

Table 4.1 .G.2. (Cont'd)

Annual intervals after initial eligibility

		1 Year	2 Years	3 Years	4 Years
Period of initial eligibility:					
<u>84/2</u> :					
	E-No MHT	53.5	39.9	27.8	
	E-OMHT	73.1	55.0	40.8	
	Ratio:	137%	138%	147%	
	E-Both	78.6	69.1	35.7	
	Ratio:	147%	173%	128%	
	E-TFMHT	74.5	60.8	41.2	
	Ratio:	139%	152%	148%	
	C-No MHT	52.6	39.0	27.0	
	C-OMHT	61.6	47.5	33.4	
	Ratio:	117%	122%	124%	
<u>85/1</u> :					
	E-No MHT	53.0	39.8	30.0	
	E-OMHT	50.7	41.4	31.2	
	Ratio:	96%	104%	104%	
	E-Both	91.4	62.9	40.0	
	Ratio:	172%	158%	133%	
	E-TFMHT	82.0	62.3	52.5	
	Ratio:	155%	157%	175%	
	C-No MHT	52.0	39.3	32.7	
	C-OMHT	57.5	41.6	32.4	
	Ratio:	111%	106%	99%	

Table 4.1 .G.2. (Cont'd)

Annual intervals after initial eligibility

		1 Year	2 Years	3 Years	4 Years
Period of initial eligibility:					
<u>85/2</u> :					
	E-No MHT	53.9	38.3		
	E-OMHT	54.9	37.4		
	Ratio:	102%	98%		
	E-Both	64.7	44.1		
	Ratio:	120%	115%		
	E-TFMHT	72.4	46.4		
	Ratio:	134%	122%		
	C-No MHT	53.4	38.6		
	C-OMHT	66.4	43.5		
	Ratio:	124%	113%		
<u>86/1</u> :					
<u>007.1</u> .	E-No MHT	54.1	39.2		
	E-OMHT	53.6	39.3		
	Ratio:	99%	100%		
	E-Both	85.7	42.9		
	Ratio:	158%	109%		
	E-TFMHT	69.2	46.2		
	Ratio:	128%	118%		
	C-No MHT	51.1	35.9		
	C-OMHT	55.1	42.0		
	Ratio:	108%	117%		

Table 4.1 .G.2. (Cont'd)

Annual intervals after initial eligibility

1 Year	2 Years	3 Years	4 Years

Period of initial eligibility:

98	12	•
00		•

E-No MHT	48.1
E-OMHT	53.1
Ratio:	110%
E-Both	90. 0
Ratio:	187%
E-TFMHT	54.6
Ratio:	114%
C-No MHT	46.3
C-OMHT	55.5
Ratio:	120%

Note:

Each entry (other than "Ratio") represents the percent retained from initial cohort.

Ratio is the percent retained in MHT (OMHT, BOTH, TFMHT) divided by percent retained in No MHT then expressed as a percent, i.e. 111% more likely than no MHT to be enrolled.

Table **4.1.H.1**Period of first OMHT, by period of **initial** Medicaid eligibility: CONTROL GROUP.

Period of initial					Period	l of first	OMHT								
eligi- bility	Before 83/2	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1				
83/2	1,075	314	158	117	117	82	79	60	52	37	56				
84/1			183	45	23	17	17	11	16	11	8				
84/2				184	49	30	16	14	6	2	4				
85/1					144	39	11	9	5	8					
85/2						150	35	21	a	5	13				
86/1							149	34	11	5	8				
86/2								123	27	14	!				
Total	1,075	314	341	346	333	318	307	272	125	82	10				

Table 4.1.H.2

Period of first OMHT, by period of initial Medicaid eligibility: EXPERIMENTAL GROUP.

Period of initial					Period	of first	OMHT				
initial eligi- bility	Before 83/2	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				¥	ITH OMBT	ONLY					
83/2	1,904	534	315	201	168	134	131	111	129	81	88
84/1			418	71	55	35	25	18	20	7	17
84/2				295	86	37	29	21	19	19	14
85/1					293	51	25	25	14	13	9
85/2						252	67	31	14	14	12
86/1							274	52	26	12	15
86/2								253	54	27	24
Total	1,904	534	733	567	602	509	551	511	276	173	179
				WITH BO	TH OMET A	ND TIME	<u>:T</u>				
83/2	309	59	25	16	12	14	10	6	12	9	1
84/1			53	a	4	2	0	1	2	1	1
84/2				32	4	1	2	2	0	1	0
85/1					24	6	2	1	0	1	1
85/2						20	8	3	1	1	1
86/1							7	2	2	1	2
86/2								5	2	2	1
Total	309	59	78	56	44	43	29	20	19	16	7
					ALL ON	<u>et</u>					
Total	2,213	593	811	623	646	552	580	531	295	189	186

Table 4.1.H.3

Period of first TF'MHT, by period of initial Medicaid eligibility: EXPERIMENTAL GROUP.

Period of initial			Period	of first	TPMET		
eligi- bility	84/1	84/2	85/1	85/2	86/1	86/2	87/1
		!	WITE TEMBI	ONLY			
83/2	56	23	31	36	116	150	66
84/1	0	17	7	3	17	15	5
84/2	1	0	17	2	14	14	3
85/1			1	15	23	20	2
85/2				2	26	24	6
86/1				1	4	19	2
86/2						2	9
Total	57	40	56	59	200	244	93
		WITE	BOTH !!!	HT AND OME	<u>t</u>		
83/2	80	97	47	46	93	71	39
84/1	8	15	11	10	13	11	4
84/2		1	16	4	9	11	1
85/1			1	13	12	6	3
85/2			1	1	17	12	3
86/1					0	13	1
86/2						1	9
Total	88	113	76	74	144	125	60
			ALL T	<u>Met</u>			
Total	145	153	132	133	344	369	153

 $Table\ 4.1.1.1$ Distribution of Medicaid population characteristics, by mental health treatment group.

Demolocker		Ment	tal health t	reatment grou	ир	
Population characteristic	B, Nomet	E, OMET I	, TPMET	B, Both	C, Nomet	c, OMHT
		<u>number</u>				
Whole population	53,110	6,539	749	680	26,258	3,614
Disease group	9					
Neither CMD or CDP	39,003	2,770	327	196	18,965	1,479
CHD	13,731	2,344	404	368	7,089	1,368
CDP	376	1,425	18	116	204	767
Age group						
Less than 18	31,279	1,385	158	32	15,220	719
18 - 59	17,250	4,931	526	629	8,668	2,755
60 and note	4,581	223	65	19	2,370	140
gender						
Female	30,535	3,248	539	424	15,299	1,893
Hale	22,575	3,291	210	256	10,959	1,721
Eligibility group						
APDC	37,043	2,350	457	195	18,180	1,297
Aged, blind, disabled	4,919	1,088	122	176	2,572	676
general assistance	3,654	2,485	107	281	1,822	1,318
Other	7,494	616	63	28	3,684	323
ligh user status	,				,	
High user status High user	4,999	2,732	303	538	2,720	1,658
Not high user	48,111	3,807	446	142	23,538	1,056
C	,	,			-,	,
		<u>PERCENT</u>				
Disease group						
Neither CMD or CDP	73.4	42.4	43.7	28.8	72.2	40.9
CMD	25.9	35.9	53.9	54.1	27.0	37.9
CDP	0.7	21.8	2.4	17.1	0.8	21.2
Age group						
Less than 18	58.9	21.2	21.1	4.7	58.0	19.9
18 • 59	32.5	75.4	70.2	92.5	33.0	76.2
60 and nore	8.6	3.4	8.7	2.8	9.0	3.9
Gender						
Female	57.5	49.7	72.0	62.4	58.3	52.4
Hale	42.5	50.3	28.0	37.6	41.7	47.0
Bligibility group						
AFDC	69.8	35.9	61.0	28.7	69.2	35.9
Aged, blind, disabled	9.3	16.6	16.3	25.9	9.8	18.
general assistance	6.9	38.0	14.3	41.3	6.9	36.
Other	14.1	9.4	8.4	4.1	14.0	8.
Nigh user status						
Eigh user	9.4	41.8	40.5	79.1	10.4	45.
Not high user	90.6	58.2	59.5	20.9	89.6	54.

Table **4.1.J.1**Experimental group **members** who were high users in the beginning period: **number** still eligible for the entire period in each calendar period, and number using **TFMHT**.

		Calendar period								
	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
All B group beginning period high users still eligible in each calendar period	5,072	4,227	3,789	3,425	3,146	2,909	2,646	2,473	2,141	2,044
Frader of these who will have used TFMET by the end of the project	498	478	471	450	433	425	396	373	326	304
Number of these who will have used TFMHT before the end of the calendar period	0	71	163	186	204	270	330	373	326	304

Table 4.2.1 Length of Medicaid eligibility during the project period (six-month periods), by **population** characteristic.

	N	Medicaid population	
Population characteristic	Entire population	Beginning period population	Not eligible at beginning
Disease group Neither CMD or CDP CMD CDP	4.46	5.40	3.46
	6.30	1.05	4.77
	4.20	5.77	3.14
Age group Less than 18 18 • 59 60 and lore	4.19	5.70	3.73
	4.90	5.97	3.53
	6.47	7.28	4.02
gender Female Hale	5.19	6.14	3.86
	4.67	5.68	3.55
Eligibility group APDC Aged, blind, disabled General assistance Other	5.01	5.04	3.84
	7.14	8.06	5.18
	4.35	5.49	3.36
	3.56	4.45	2.92
High user status High user Not high aser	6.99 4.63	7.83 5.60	5.53 3.48
Standard deviation	3.17	3.35	2.42

Table 4.2.2 Length of Medicaid **eligibility during** the project period (six-month periods), by mental health treatment status.

Population characteristic	Total eligibilit?	Eligibility before MIT	Bligibility after MB?
	<u>Entire populati</u>	on_	
Mental health treatneat			
E, No MET	4.85	4.05	0.00
E, OMET only	5.47	1.08	4.39
E, TREET only	7.18	3.74	3.44
E, both oner and truer	7.42	3.08	4.34
c, No MHT	4.04	4.04	0.00
c, onet	5.12	1.06	4.67
Standard deviation	3.17	3.26	1.81
1	Beginning period por	<u>pulation</u>	
Mental health treatneat	-		
E, No MHT	5.80	5.80	0.00
E, OMET only	6.59	1.29	5.30
R. THET only	8.41	4.64	3.77
B, both oner and remer	0.35	3.56	4.80
c, HO MIT	5.82	5.02 1.24	0.00
C, OMET	6.84	1.24	5.60
Standard deviation	3.35	3.54	2.14
	lot eligible at beg	ginning	
Mental health treatment			
E, lo met	3.68	3.68	0.00
E, OMET only	3.91	0.78	3.13
E, TPMET only	5.03	2.17	2.86
E, both oner and truet	5.29	2.00	3.29
C, NO MET C, OMET	3.64 4.09	3.64 0.79	0.00 3.30
C, viiii	4.03	0.17	
Standard deviation	2.42	2.49	1.25

Table 4.2.3.

Medicaid enrollment and retention by period of first MHT for E and C groups.

		1 Year	2 Years	3 Years	4 Years
First MHT	OMHT:				
84/1					
- ,	E - OMHT	58.3	40.3	35.6	31.0
	C - OMHT	61.8	51.0	42.8	35.5
	TFMHT	82.7	69.2	63.5	53.9
	вотн	80.2	72.1	59.3	40.7
84/2					
	E - OMHT	61.2	45.2	38.5	
	C - OMHT	60.7	47.4	37.6	
	TFMHT	71.1	57.9	44.7	
	BOTH	86.9	65.4	59.8	
85/1					
	E-OMHT	53.8	42.5	33.7	
	C - OMHT	56.8	45.1	36.9	
	TFMHT	63.8	46.8	44.7	
	вотн	78.6	74.3	60.0	
85/2					
	E-OMHT	55.4	36.4		
	C - OMHT	64.8	44.7		
	TFMHT	53.7	42.6		
	вотн	76.5	66.2		
86/1					
	E-OMHT	55.2	41.2		
	C - OMHT	56.7	41.4		
	TFMHT	74.5	58.2		
	вотн	80.6	62.7		

Table **4.2.3.** . (Cont'd)

	1 Year	2 Years	3 Years	4 Years
First MHT OMHT :				
86/2				
E • O	MHT 54.2			
C • O	MHT 54.0			
TFMH	T 69.8			
BOTH	74.1			
87/1				
E • O	MHT 61.6			
C-ON	/IHT 63.6			
TFMH	IT 73.2			
BOTH	86.5			

Table 4.2.4 Rates of departure from Medicaid.

	1	ligh user in beg	ginning period	1	No	ot high user in	beginning per	iod
		es user in		services beginning iod	M service beginnin	es user in g period	user in b	services eginning riod
	TFMHT	Other Medicaid	TFMET user	Other Medicaid	TFMHT user	Other Medicaid	TFMET aser	Other Medicaid
Group sire	252	1875	246	5268	59	1113	887	81250
departing	90	1098	82	3100	22	630	409	50,496
Departure rate	.357	.586	.333	.588	.373	.566	,461	,621
P for diff.	.0	000	.00	000	.0	045	.00.	000

Table 4.2.5 Medicaid departures due to employment, increased income, and increased function.

		High user in be	ginning period	1	Ro	ot high user in	beginning pe	eriod
		es user in	user in b	services beginning riod		es user in	Not M services user in beginning period	
	TFMET user	Other Hedicaid	TPHHT user	Other Medicaid	TFMET user	Other Hedicaid	TFHET user	Other Medicaid
# departing	90	1098	82	3100	22	630	409	50,496
due to enp., income, function	24.2	14.1	22.0	17.6	4.5	11.4	13.4	15.3
P for difference: TFMET vs. other Medicaid	.0	013	ī	18	I	18	.0	001
P for difference: ME services users vs. non-users (not TFMHT)		.00	99			.00	992	

Table **4.3.A.1**Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	450	463	460	538	520	584	607	653	651	747
E NOMET	386	390	397	466	452	506	532	559	560	656
E OMHT	774	793	771	875	854	939	957	1101	1079	1134
B TFMHT	928	1020	848	890	951	1020	1009	1208	1016	1308
8 Both	1306	1490	1247	1468	1111	1474	1445	1443	1413	1613
C Total	471	529	485	559	524	596	661	710	715	769
C NOMET	418	474	438	497	466	535	610	641	643	705
COMET	827	895	789	949	880	968	968	1113	1111	1115
Standard deviation	1783	2063	2014	2391	2033	2146	2234	2306	2458	2547

Table 4.3.A.2

Medicaid current period population: Significance levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups (only probability levels of .10 or less reported).

0	Calendar period											
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
K vs C		,004					.027	,029	.056			
E NOMET VS C NOMET	,065	,001	.070				.004	.004	.025			
E OMHT VS C OMHT												
C NOMET VS C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
E NOMET VS E TEMET	.000	.000	.000	.001	.000	.000	.000	• 000	.000	.000		
E NOMET VS E Both	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000		
E OMET VS E TEMET		,051										
B ONET VS & Both	.000	.000	.000	.000	.005	.000	.000	,016	.011	.002		
E TEMET VS E Both	,006	,005	.014	.001		.004	.006		,022			

Table **4.3.B.1**Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and gender.

Mental health					Calendar	period						
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1		
				PEMAL	<u>E</u>							
B Total	474	498	489	560	566	628	640	707	714	795		
B Nomer	412	423	425	491	499	555	570	615	624	710		
E OMET	757	832	813	889	872	957	980	1143	1163	1162		
E TFMET	992	1036	958	987	1053	1061	995	1258	1008	1352		
B Both	1408	1608	1201	1325	1205	1452	1464	1571	1470	1473		
C Total	474	548	501	556	550	616	678	745	727	804		
C Nomet	426	502	455	502	485	557	625	678	654	7	2	
C OMBT	800	868	817	913	975	995	1020	1157	1149	1245		
Standard deviation	1655	2065	1848	2063	2074	2089	1993	2140	2089.	2437		
				MALE								
B Total	415	412	418	506	454	520	558	570	554	674		
E NOMET	348	343	357	429	382	435	477	476	461	572		
E OMHT	796	747	721	859	834	917	932	1047	970	1097		
E TFMHT	741	974	521	620	678	900	1047	1068	1043	1167		
E Both	1101	1270	1329	1735	939	1516	1410	1210	1311	1877		
C Total	468	499	460	564	485	568	636	659	698	713		
C NOMET	407	431	413	491	436	501	587	586	626	670		
C OMBT	869	934	751	999	756	933	901	1053	1059	930		
Standard deviation	1955	2059	2236	2805	1970	2226	2543	2532	2939	2709		

Table 4.3.B.2 Medicaid current period population: **Significance** levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by gender (only probability levels of .10 or less reported).

0					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	E					
E vs C		.083								
E NOMET VS C NOMET		.012					.045	.041		
E OMET VS C OMET										
C NOMET vs C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E TEMET	.000	.000	.001	.002	.000	.000	.001	,005	.002	.001
E NOMET VS E Both	.000	.000	.000	.000	.000	.000	.000	.000	.000	,000
E ONET VS E TEMET	.047									
BOHBT vs B Both	.000	.000	.002	,001	.007	.001	.001	.033	,039	• 073
E TIMET VS E Both	.021	.005		.091		.043	.015		.016	
				MALE	<u>1</u>					
E vs C	.098	.019						.072	.040	
B NOMHT VS C NOMHT	.065	.018					.041	.038	.039	
E OMHT vs C OMHT										
C NOMET VS C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.002	.007
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E TEMET	.001	,002	.057	.063	.010	.005	.006	.020	,076	
E NOMET vs E Both	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E OMET VS E TEMET			,062	,051						
E OHT VS E Both	,052	.020	.009	.003		.006	.027			.013
E TEMET VS E Both	.051		.001	.000		.020				

Table **4.3.C.1**Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and diagnosis.

Mental healt	h				Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	N	EITHER CH	RONIC M	DICAL DIA	GNOSIS (OR SUBSTANC	CE ABUSE			
B Total	289	298	295	322	314	350	357	366	366	435
E Nomet	270	279	274	301	293	324	342	345	337	407
E OMHT	484	461	456	482	486	571	524	584	604	672
E TFMHT	412	400	383	467	438	483	268	388	462	355
B Both	653	890	1116	1066	772	868	609	488	801	968
C Total	308	346	333	341	317	344	386	381	416	435
c nomet	297	326	320	308	296	321	370	363	386	407
C OMET	423	568	468	684	522	568	546	543	671	668
Standard deviation	1301	1553	1718	1726	1527	la45	1769	1803	2191	1920
			<u>CHRO</u>	NIC HEDICAL	DIAGNOSI	ES_				
E Total	728	749	758	908	a55	971	1016	1094	1045	1189
E NOMHT	640	622	653	804	758	a59	905	955	927	1071
E OMHT	997	1135	1147	1267	1201	1337	1379	1542	1486	1543
E TFMHT	1223	1412	1164	1210	1344	1436	1521	1790	1400	1817
B Both	1489	1736	1380	1697	1290	1715	1768	la99	1634	1973
C Total	737	823	736	921	a41	985	1075	1154	1117	1208
C NOMET	659	750	663	a54	765	913	1014	1090	1033	1143
C OMBT	1128	1185	1084	1236	1207	1327	1366	1457	1504	1499
Standard deviation	2342	2750	2449	3208	2609	2531	2689	2809	2733	3190

Table **4.3.C.1** -- Continued Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE	ABUSE					
E Total	993	869	630	940	987	1031	1001	1179	1308	1300
E NOMET	665	840	675	1023	1286	1380	946	1056	1562	1387
E OMET	1013	800	577	870	890	832	932	1215	1191	1187
E TPMET	873	446	300	439	529	356	415	407	316	3891
8 Both	1799	1587	965	1337	1082	1764	1786	1379	1621	1405
C Total	977	1075	753	820	1022	1062	1231	1599	1156	1337
C NOMET	661	1446	720	902	1439	1330	2119	1673	1441	2073
C OMET	1086	942	763	796	888	973	943	1575	1065	1091.
Standard deviation	3008	2101	1903	2883	2874	2317	3641	3315	5' 2847	2985

Table 4.3.C.2

Medicaid current period population: **Significance** levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by diagnosis (only probability **levels of .10** or less reported).

C					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	1	KITHER CBR	ONIC MEDI	CAL DIAGNOSIS	OR SUB	STANCE .	ABUSE			
K vs c		.021								
E NOMET VS C NOMET		.033	.090							
E OMET VS C OMET				.039						
C NOMET vs C OMET	.000	.000	,004	.000	.000	.000	,002	,010	,001	.001
B NOMET vs & OMET	.000	,000	.000	.000	.000	.000	.000	,000	,000	.000
E NOMET vs ETFMET	.029	.086	.033	.070	,026	,028	,015		.075	
R NOMET vs E Both	.004	,000	.000	.000	,000	.002	.006	.035	,005	.010
E OMET VS E TEMET							.000	.003	.087	,000
E OMHT VS E Both		,006	,002	.002	,030	.097				
E TRAT vs E Both	.096	,003	• 001	.004	,025	.041	.001		,056	.006
			CHRON	IC MEDICAL	DIAGNOSE	E <u>S</u>				
E vs C										
B NOMET vs C NOMET		.025					,034	.012	.067	
E OMET vs C OMET										
C NOMET VS COMET	,000	.000	.000	.001	.000	.000	,000	.001	,000	.002
E NOMET VS E OMET	,000	.000	.000	.000	,000	.000	.000	,000	.000	.000
E NOMET vs ETFMET	,000	.000	.009	.045	.000	.001	.001	.007	.016	.005
E NOMET vs E Both	.000	,000	.000	.000	.000	.000	.000	,000	.000	.000
E OMET VS E TEMET	.097									
E OMET VS E Both	.002	.003		.033		.029	.037			.072
R TIMET VS E Both				.077						

Table 4.3.C.2 -- Continued

Medicaid current period population: Significance levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by diagnosis (only probability levels of .10 or less reported).

					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	8612	87/1	87/2	88/1
			9	UBSTANCE A	BUSE					
E vs c								.078		
E NOMET VS C NOMET		.090								
E OMET vs C OMET										
C NOMET VS C OMET										.078
E NOMET VS E OMET	.099					,028				
E NOMET VS E TEMET		.087	.090		.048	.000	.016	,009	.001	
R NOMET vs B Both	.004	,022					,042			
E OMET VS E TEMET		.084	.066	.049	.086	.000	.001	,000	.000	
E ONET VS E Both	,043	.011	.025	,072		.008	.025			
E TIMET vs E Both	.073	.001	.003	,002	.059	.000	,001	.001	,001	

Table **4.3.D.1** Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS THAN	I 18 YEARS					
E Total	193	208	203	236	225	273	275	279	249	263
E NOMHT	193	208	203	235	221	267	266	265	238	250
E OMHT	183	204	204	235	259	356	405	508	429	470
E TPMHT	366	206	302	373	448	431	498	417	299	313
& Both	217	350	170	314	180	297	246	208	241	359
C Total	213	236	250	261	228	270	310	309	291	270
C NOMET	213	234	252	262	225	264	301	305	285	265
C OMET	207	282	213	241	279	362	448	376	383	362
Standard deviation	902	1252	1634	1711	1225	1802	1623	1564	2052	1099
			<u>18</u>	THROUGH	59 YEARS					
E Total	739	740	728	835	806	848	868	938	937	1060
E NOMHT	639	608	623	714	694	701	738	761	769	909
E OMET	966	984	952	1062	1036	1107	1116	1276	1244	1313
E TFMHT	889	1148	882	1063	1127	1184	1088	1449	1272	1409
B Both	1359	1553	1304	1523	1151	1542	1463	1480	1471	1632
C Total	766	853	716	811	769	841	890	964	979	1090
C NOMET	681	776	636	695	669	724	818	842	853	1008
c onet	1025	1082	945	1127	1035	1137	1069	1258	1263	1270
Standard deviation	2394	2518	2253	2721	2506	2111	2370	2528	2310	2792

Cont inaed

Table **4.3.D.1** -- Continued Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	8512	86/1	8612	87/1	8712	8811
			<u>60</u>	YEARS AN	D OLDER					
R Total	684	739	786	984	978	1234	1343	1461	1442	1789
E NOMET	658	722	773	982	978	1236	1337	1465	1443	1788
E OMET	623	692	716	1064	985	1193	1212	1364	1553	1382
E TFMET	2422	1729	1763	738	819	1266	1636	1245	857	2799
I Roth	1136	1198	875	1245	1361	1332	2698	2297	1744	3105
C Total	666	808	802	1099	1083	1312	1526	1624	1567	1742
C Nomet	675	813	795	1094	1088	1341	1524	1611	1577	1761
C OMET	543	745	902	1171	1024	907	1558	1805	1446	1500
Standard deviation	2220	3105	2589	3566	2929	3285	3597	3635	3737	4637

Table 4.3.D.2

Medicaid current period population: Significance levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

C					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LE	SS THAN 1	8 YEARS					
E vs C			.098							
B NOMET VS C NOMET			.098							
E OMHT VS C OMHT		.088								
C NoHBT VS C OMET						,058	.059			
E NOMET VS E OMET						.027	.005	.001	.000	.003
B NOMET VS E TEMET	.018				,046	.036				
E NOMET VS E Both										
E OMET VS E TEMET	.027								.057	
E ONET vs E Both					.083		.017	,000	,029	
E TIMET VS E Both			,076		,025			.072		
			<u>18</u>	THROUGH	59 YEARS					
E vs c		,010								
B NoHBT vs C NoHBT		,001						.093		
E OMET VS C OMET										
C NoHBT vs C OMET	.000	,001	.000	.000	.000	.000	.000	.000	.000	.005
E Nohbt vs E OMET	,000	,000	.000	.000	.000	.000	.000	.000	,000	.000
E NOMET VS E TEMET	.004	.000	,016	.037	.001	.001	.009	.008	.004	,020
ENOMET VS E Both	.000	,000	.000	.000	.000	.000	.000	.000	,000	.000
E OMHT VS E TENHT										
EOMET VS E Both	.001	.000	.008	.001		,001	.006			.049
E TIMIT vs E Both	.001	.041	.008	.030		,059	.034			

Table 4.3.D.2 -- Continued

Medicaid current period population: Significance levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

	Calendar period												
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1			
			<u>6</u>	O YEARS AN	ND OLDER			·-					
B vs c													
E NOMET VS C NOMET													
E OMET vs c omet													
C NOMET VS C OMET						,040							
E NOMET VS E OMET													
E NOMET VS E TEMET	.007	,026							.015				
E NOMET vs E Both													
E OMET VS E TEMET	.007	.026							,058				
E OMET vs E Both													
ETIMIT vs E Both	.070												

Table 4.3.E.1 Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AII</u>	O TO PAN	ILIES WITH	DEPENDENT	CHILDREN				
g Total	318	318	316	343	323	357	363	377	360	368
E NOMET	293	288	293	316	292	319	330	329	314	328
E OMHT	534	573	512	532	543	672	662	778	788	722
E TFMHT	506	539	535	712	746	747	605	875	570	603
B Both	957	1013	866	985	872	927	922	1008	846	878
C Total	335	352	330	344	310	351	364	378	354	379
C NOMET	315	331	312	317	277	325	340	350	323	337
C OMET	562	580	535	637	666	636	632	683	670	800
Standard deviation	1212	1297	1348	1435	959	997	1088	1134	946	957
			<u>agrd, B</u>	LIND, ANI) DISABLE	<u>ED</u>				
E Total	787	905	853	1046	953	1035	1090	1182	1214	1484
E NOMHT	654	770	755	943	832	963	1017	1129	1169	1434
E OMET	1050	1132	1063	1278	1267	1071	1174	1311	1218	1393
E TFMHT	2377	2346	1785	1671	1711	1918	1821	1603	2216	3214
E Both	1509	1808	1340	1675	1457	1858	1811	1381	1558	2019
C Total	865	934	877	1152	907	1098	1180	1314	1248	1284
C NOMET	746	860	800	1048	866	1036	1159	1303	1256	1334
C OMET	1265	1183	1131	1491	1039	1300	1248	1349	1225	1133
Standard deviation	2918	3400	3535	4350	3344	4044	3816	3840	4401	4165

Table **4.3.E.1** -- Continued Medicaid current period population: MEDICAL SERVICE COSTS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	NERAL ASS	<u>ISTANCE</u>					
E Total	864	764	759	854	815	935	946	1030	960	1055
E NOMET	721	546	575	642	656	653	686	670	581	712
B OMET	1001	937	923	1056	1015	1222	1221	1377	1399	1437
e temet	1090	1615	1141	834	1162	1118	1373	2257	1326	1221
B Both	1405	1606	1384	1660	990	1647	1622	1824	1843	1979
C Total	797	878	804	823	863	959	998	1105	1118	1021
C NOMET	699	668	697	691	713	788	900	904	855	776
C OMIT	968	1233	969	1015	1078	1193	1127	1395	1503	1364
Standard deviation	2403	2266	2421	2456	2384	2138	2193	2627	2367	2264
				OTHE	<u>R</u>					
E Total	567	584	617	816	905	1074	1092	1268	1305	1708
E NOMHT	555	576	588	804	931	1094	1112	1282	1363	1778
E OMET	572	524	789	862	667	859	823	1122	986	1218
e temet	1149	1011	717	699	538	1140	1911	1269	944	3047
B Both	2084	2106	2221	2019	1733	1375	1109	2308	682	708
C Total	580	873	702	883	1049	1078	1408	1453	1789	2338
c Nomet	583	898	727	920	1087	1129	1455	1465	1849	2450
C OMET	553	642	490	571	742	655	1071	1381	1458	1741
Standard deviation	2295	3279	2314	3174	3573	3109	3648	3599	3727	4837

Table 4.3.E.2

Medicaid current period population: Significance levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AII	O TO PA	MILIES WITH	DEPENDENT	CHILDREN				
E vs C		.053								
E NOMET VS C NOMET		.020								
E OMHT VS C OMHT					,036					
C NOMET VS C OMET	.000	.000	.000	.000	.000	,000	.000	.000	.000	.000
E NOMET VS E OMET	.000	,000	.000	.000	.000	,000	.000	.000	.000	.000
E NOMET VS E TEMET	.000	,001	,003	,005	,000	,000	,002	,023	.000	.000
ENOMET VSE Both	.000	.000	.000	,000	,000	.000	.000	,000	.000	.000
E ONET VS E TYMET					.061				.004	
E OMET VS B Both	.019	.001	.015	,000	.004	,095	.066			
ETFEET VS E Both	.014	.002	.042				.049		,031	,032
			AGED,	BLIND, AN	D DISABLE	<u>D</u>				
E vs C										,064
E NOMET VS C NOMET										
E OMET VS C OMET										.085
C NOMET VS C OMET	.031	.091	,035	.045						
E NOMET VS E OMET	,000	.001	.029	,023	,001					
E NOMET VS E TEMET	.000	.001	,076		.017	.013	.028		.032	,020
E NOMET VS E Both	.001	,000	.004	.003	.003	.002	,003			.074
E OMET VS E TEMET	,003	,014				.027	.082		,042	,018
E OMET vs E Both	.045	.024				.007	,024			.044
E TEMET VS E Both	.072									

Table 4.3.E.2 -- Continued

Medicaid current period population: **Significance** levels of tests of equality of mean MEDICAL SERVICE COSTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

					Calendar	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GEN	RAL ASSIS	STANCE					
E vs C										
E NOMET vs C NOMET							,024	.025	,004	
E OMHT VS C OMHT		.063								
C NOMBT VS C OMET	,022	,001	.090	.017	.003	.001	.063	.008	,001	.000
E NOMET vs E OMET	.002	.000	.000	.000	,000	.000	,000	.000	.000	.000
E NOMET VS E TEMET	.040	.008	.008		.081	,021	,029	,010	.040	.063
R NOMBT vs R Both	.000	,000	.000	.000	.011	,000	,000	,000	.000	,000
ROMET VS R TFMBT		.090								
E OMET vs E Both	.021	,010	,030	.023		,029	,069			.088
E TIMET vs E Both				.004		,040				.053
				OTHE	<u>R</u>					
E vs C		,021					.013		,004	,006
R NOMET VS C NOMBT		,019	.084				,014		.009	,010
E OMET VS C OMET			.078							
C Nombt vs C OMM			,043	,011	.081	,003				.09
E NOMBT VS E OMET					.055		,032		.033	.009
E NOMET VS E TEMBT	.093	.079			.064					
K Nombt vs K Both	.020			.096					.002	.000
E OMET vs ${f E}$ TFMET										.09
E OMET vs & Both	.029									,051
ETFMET VS E Both										.03

Table 4.4.A.1.

 $\label{eq:medical_service_costs} \begin{array}{l} \text{MEDICAL SERVICE COSTS, } \textbf{ADJUSTED} \ TO \ 1983 \ PRICES \ in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status. \end{array}$

Dogulation		x nonths bef the period			Twelve norths before and after the period of first MBT					
Population group	N	cost pre-MHT	cost post-MHT	Change	N	cost pre-MHT	cost post-MHT	Change		
Whole population	54595	441	460	19	36103	864	927	64		
g group	36910	439	446	7	24457	860	896	35		
C groap	17685	443	489	45	11646	871	994	123		
B NOMHT	34257	405	420	15	22999	802	848	46		
E OMHT	1557	744	651	-93	747	1226	1303	78		
E TFMET	554	922	840	-82	369	1958	1553	-406		
B Both	542	1241	1092	-149	342	2774	2510	-264		
C NOMET	16821	425	471	46	11236	848	978	129		
C OMET	864	803	842	39	410	1482	1434	-47		
Total N	54595				36103					
Standard deviation		1819		2003		3220		3033		

Table 4.4.A.1 -- Continued

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population		teen months			Twenty-four months before and after the period of first MET					
group	M	Cost pre-MHT po	Cost ost-NET	Change	H	Cost pre-MHT	Cost post-MHT	Change		
Thole population	23159	1279	1449	170	13902	1675	2001	326		
E group	15719	1251	1372	122	9370	1623	1895	272		
C group	7440	1340	1612	273	4532	1782	2219	430		
E NOMET	14955	1185	1326	141	9087	1545	1849	304		
E OMET	345	1715	1769	54	124	2657	2600	-57		
B TFMHT	233	2993	2334	-659	78	5183	3551	-1632		
B Both	186	3471	3171	-300	81	5451	4373	-1078		
C NOMET	7241	1313	1599	280	4444	1744	2199	455		
C OMET	199	2378	2094	-285	88	3670	3245	-425		
Total N	23159				13902					

Table 4.4.B.1 MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MBT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health			efore and aft od of first MIT		Twelve norths before and after the period of first HIT					
treatment status	n	cost pre-MHT	cost post -HIT	Cbanqe	N	cost pre-MHT	cost post-HHT	Change		
			LESSTHAN 18	YEARS						
E NOMET	20244	221	187	-34	13204	430	363	-67		
E OMHT	544	232	230	7	288	458	660	203		
e tymet	115	425	372	-53	84	a44	736	-109		
B Both	25	177	240	63	19	495	431	-64		
C NOMIT	9705	226	196	-30	6198	435	387	-49		
c OMHT	274	210	291	81	139	440	537	97		
Total N	30907				19932					
			18 THROUGH	59 YEARS						
E NOMET	10371	617	597	-21	6067	1188	1094	-94		
e omet	966	1045	889	-155	436	1709	1753	44		
e temet	383	1102	1009	-94	251	2399	1815	-584		
8 Both	499	1302	1124	-179	308	2945	2605	-339		
C Nomet	5200	611	652	42	3520	1233	1283	50		
c omet	548	1028	1019	-9	245	1986	1734	-252		
Total N	17967				11627					
			60 YEARS A	ND OLDER						
E Nomet	3642	022	1213	391	2920	1578	2456	879		
e omet	47	488	524	36	23	1673	822	-851		
e temet	56	711	651	-60	34	1455	1637	182		
E Both	18	1023	1392	369	15	2152	3177	1025		
C NOMET	1916	927	1371	444	1518	1643	2604	1041		
C OMHT	42	1737	2133	395	26	2299	3409	1110		
Total N	5721				4544					
Standard deviation		1802		1999		3186		3014		

Table 4.4.B.1 -- Continued

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month Period of first MHT: entire Medic&d Population, by age group at MHT and mental health treatment status.

Mental health		teen norths be the period o			Twenty-four months before and after the period of first MIT					
treatment status	И	cost pre-MIT pos	cost st-BBT	Change	N	cost pre-HHT	cost post-MIT	Change		
			LESS THAI	N 18 YEARS						
E Nomet	8184	582	511	-11	4650	119	661	-58		
E OMET	123'	624	892	268	41	1015	1359	344		
B tenet	51	104	651	-53	13	181	534	-248		
B Both	13	868	685	-183	9	1356	846	-510		
C NOMET	3182	661	653	-8	2181	938	950	12		
C OMET	61	782	872	91	33	1122	1228	-494		
Total N	12226		2		6921					
		<u>.</u>	18 Through	59 YEARS						
e nomet	4524	1192	1728	-64	2814	2375	2283	-92		
E OMET	209	2367	2303	-64	77	3580	3185	-394		
B TFMBT	163	3190	2903	-888	60	5900	3915	-1926		
E Both	163	3689	3112	-511	68	6191	5008	-1183		
C NOMET	2296	1882	1819	-3	1416	2491	2519	28		
C OMET	119	3244	2611	-628	48	4923	4013	-820		
Total N	7474				4483					
			60 YEARS A	ND OLDER						
E Nomet	2247	2161	3485	1324	1623	2411	4500	2029		
e omet	13	1543	1415	-68	6	2034	3564	1530		
e trmet	13	3024	2577	-447	5	8020	6318	-110		
E Both	10	3291	6385	3094	4	2086	1510	-51		
C NOMET	1163	2291	4123	1826	847	2572	4882	231		
C OMET	13	2618	3602	923	1	4267	6875	260		
Total N	3459				2492					
Standard deviation		4863		4128		6175		501		

Table 4.4.C.1.

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health treatment status	Six nonths before and after the period of first MT				Twelve nonths before and after the period of first MHT			
	n	cost pre-MHT	Cost post-HET	Change	N	cost pre-MHT	cost post-MHT	Change
	NEITHE	R CHRONIC	MEDICAL DIAG	NOSIS NOR SUBS	TANCE ABUSE			
E NOMET	23082	276	261	-15	14577	512	478	-34
E OMHT	779	473	384	-89	379	748	738	-11
B TFMHT	220	431	330	-102	136	864	633	-231
E Both	157	819	449	-370	91	1662	938	-724
C NOMET	11003	274	264	-9	6837	533	511	-21
c omet	403	453	450	-3	199	1187	907	-280
Total N	35644				22219			
		Cl	HRONIC MEDICA	L DIAGNOSIS				
E NOMHT	10937	668	743	75	8269	1298	1483	186
E OMHT	639	1054	992	-62	320	1748	1859	111
R TFMHT	321	1279	1210	-69	227	2654	2126	-528
B Both	308	1454	1399	-54	209	3150	3110	-40
C NOMET	5687	707	848	140	4307	1338	1694	356
C OMET	360	1179	1283	104	169	1745	2045	300
Total N	18252				13501			
			SUBSTAN	CE ABUSE				
E NOMET	238	834	1051	218	153	1649	1688	39
E OMET	139	836	579	-257	48	1510	2062	552
E TFMET	13	416	364	-53	6	430	713	203
8 Both	77	1253	1172	-80	42	3308	2925	-383
C NOMET	131	872	1430	557	92	1396	2086	690
C OMET	101	860	837	-23	42	1818	1476	-341
Total N	699				383			
Standard deviation		1808		2002		3196		3028

Table 4.4.C.1 -- Continued

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health treatment status	Eighteen norths before and after the period of first HIT				Twenty-four months before and after the period of first MMT			
	N	cost pre-MHT	cost post-MHT	Change	N	cost pre-MHT	cost post-HHT	Change
	NBITF	BER CHRONIC	C MEDICAL DIAGN	NOSIS NOR SUBST	TANCE ABUSE			
B Nomet	8940	761	738	-23	5098	990	1051	61
e omet	175	1143	1017	-126	56	1763	1409	-355
E TFMET	83	1370	811	-559	29	1372	1031	-340
8 Both	54	2993	1589	-1404	23	4807	1840	-2967
C NOMET	4091	817	831	14	2373	1200	1275	75
C OMET	99	2068	1420	-648	41	3548	1820	-1727
Total N	13442				7620			
		<u>CI</u>	HRONIC MEDICA	L DIAGNOSIS				
e nomet	5911	1807	2182	375	3931	2241	2852	61
e omet	159	2377	2607	230	65	3453	3698	24
e temet	146	3981	3244	-737	46	7848	5313	-253
B Both	112	3664	3579	-85	47	5561	4543	-1018
C Nomet	3092	1957	2579	623	2034	2367	3230	86
C OMET	82	2857	2916	59	39	4167	4785	61
Total N	9502				6162			
			SUBSTANCI	E ABUSE				
E NOMHT	104	2341	3220	878	58	3134	4068	93
e omet	11	1239	1610	371	3	2079	1054	-102
e trmet	4	577	718	141	3	1160	900	-26
B Both	20	3674	5154	1479	11	6326	8939	261
C NOMET	58	1730	3509	1779	37	2429	4778	234
C OMET	18	1905	2056	151	8	1878	3043	116
Total N	215				120			
Standard deviation		4882		4157		6200		513

Table 4.4.D.1

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Wastal has life	Six norths before and after the period of first MET				Twelve norths before and after the period of first HHT			
Mental health treatment status	N	Cost pre-MHT	Cost post-MET	Change	N	Cost pre-MHT	cost post - MIT	Change
			HIGH US	SER				
E NOMET	4683	1164	1112	-52	3661	2073	1930	-143
E OMHT	757	1172	1051	-121	360	1928	2093	165
B TFMHT	249	1461	1447	-14	184	3188	2592	-597
Both	448	1398	1252	-147	293	3053	2816	-237
C Nomet	2525	1206	1254	48	1962	2092	2348	257
C OMET	450	1247	1127	-120	213	2308	2112	-197
Total N	9112				6673			
			NOT HIGH	<u>USER</u>				
E Nomet	29574	285	311	26	19338	562	643	8
e omet	800	338	272	-66	387	572	568	-4
B TPMHT	305	483	345	-138	185	734	519	-215
8 Both	94	494	331	-163	49	1101	678	-423
C NOMET	14296	287	332	45	9274	585	688	103
C OMHT	414	320	533	212	197	588	702	11
Total N	45483				29430			
Standard deviation		1791		2003		3168		303

Table 4.4.D.1 -- Continued

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mental health	Bighteen norths before and after the period of first MT				Twenty-four norths before and after the period of first MET			
treatment states	N	Cost pre-MHT	cost post-MHT	Change	N	cost pre-MHT	cost post-MHT	Change
			HIGH V	VSRR				
E NOMET	2555	2927	2811	-116	1675	3605	3582	-24
E OMHT	168	2584	2787	203	63	3693	4112	419
B TFMHT	112	5287	4039	-1248	39	9282	6091	-3192
B Both	152	3668	3595	-73	63	5619	5094	-525
C NOMET	1423	3110	3426	316	940	4011	4470	459
C OMET	106	3704	3031	-673	49	5771	4343	-1428
Total N	4516				2829			
			NOT HIGH	H VSBR				
K NOMET	12400	826	1020	194	7412	1079	1457	378
E OMET	177	889	802	-87	61	1587	1038	-549
E TFMHT	121	868	755	-113	39	1084	1012	-72
B Both	34	2586	1274	-1312	18	4865	1849	-3015
C NOMET	5818	871	1152	281	3504	1136	1590	454
C OMET	93	867	1025	158	39	1031	1866	835
Total N	18643				11073			
Standard deviation		4837		4163		6136		5139

Table 4.4.E.1

MEDICAL SERVICE COSTS, ADJUSTED TO 1983 PRICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Mental health treatment status		Six nonths before and after the period of first MIT				Twelve norths before and after the period of first HHT			
	N	cost pre-MHT	cost post-MHT	Change	N	cost pre-MHT	cost post-MIT	Change	
			PEMA	<u>le</u>					
E Nomet	20369	435	463		13926	890	971	a	
e omet	941	754	666	-88	457	1308	1430	122	
e temet	410	983	913	-70	278	2153	1636	-517	
B Both	356	1342	1036	-306	241	3086	2491	-595	
C NOMET	10163	451	492	41	6917	876	1030	154	
C OMET	553	723	891	169	276	1226	1596	371	
Total N	32792				22095				
			MAL	<u>E</u>					
R NOMET	13888	361	358	-3	9073	668	658	-10	
e omat	616	728	628	-100	290	1096	1103	,	
B TPHET	144	748	633	-115	91	1363	1299	-64	
R Both	186	1048	1199	151	101	2029	2554	525	
C NOMET	6658	384	438	54	4319	804	894	9(
C OMET	311	947	755	-191	134	2009	1101	-90	
Total N	21803				14008				
Standard deviation		1818		2003		3218		3030	

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Table 4.4.E.1 -- Continued

Mental health treatment status		Bigbteen norths before and after the period of first HIT				twenty-four months before and after the period of first MHT			
	N	Cost pre-MHT	cost post-MHT	Change	N	cost pre-MHT po	Cost st-BNT	Change	
			FEMA	LE					
e nomet	9183	1319	1485	166	5686	1709	2055	34	
E OMHT	220	1870	2065	195	81	3048	3172	124	
e temet	177	3379	2360	-1020	57	6290	3977	- 2313	
B Both	134	3484	2959	-526	55	4971	3372	-1598	
C NOMET	4483	1284	1636	351	2820	1721	2246	525	
C OMET	139	1798	2185	387	63	2793	3418	625	
Total N	14336				8762				
			MAL	<u>B</u>					
E NOMET	5772	972	1072	100	3401	1269	1505	230	
e omet	125	1441	1248	-194	43	1920	1523	-398	
e temet	56	1770	2252	482	21	2178	2396	218	
8 Both	52	3435	3717	282	26	6467	6488	2	
C NOMET	2758	1354	1539	185	1624	1786	2118	333	
C OMHT	60	3723	1882	-1841	25	5881	2811	-307	
Total N	8823				5140				
Standard deviation		4909		4163		6228		514	

Table 4.5.1

OUTPATIENT MENTAL HEALTH VISITS in the periods before, during, and after the six-month period of first MHT, by type of treatment and mental health treatment status.

Mantal haalth			ditional se alth treats		Tai rental	Targeted focused rental health treatment			
Mental health treatment status	N	Visits pre-MIT	Visits is MET period	Visits post-MHT	Visits pre-MHT	Visits in MeT period	Visits post-Met		
	SI	X HONTHS BEFO	RE AND AF	TER FIRST MET					
e omat	1557	0	5.45	4.02	0	0	0		
e temet	554	0	0	0	0	2.52	1.04		
B Both	542	6.56	6.30	5.68	0	4.88	4.04		
C OMET	864	0	5.52	4.59	0	0	0		
	TWELV	E MONTES BEF	ORE AND	AFTER FIRST MET					
E OMET	747	0	5.10	5.75	0	0	0		
R TPMHT	369	0	0	0	0	2.48	1.27		
Both	342	12.77	6.02	11.49	0	4.77	5.02		
C OMET	410	0	4.97	7.23	0	0	0		
	BIGHTE	RN MONTHS BEFO	ORE AND A	AFTER FIRST ME	ī				
E OMHT	345	0	4.70	6.63	0	0	0		
B TFMBT	233	0	0	0	0	2.24	1.51		
B Both	186	15.52	4.41	14.90	0	3.97	5.24		
C OMBT	199	0	4.42	8.81	0	0	0		
	TWENT	Y-FOUR MONTE	S BEFORE AN	ID AFTER FIRST	MET				
E OMET	124	0	4.71	5.66	0	0	0		
e temet	78	0	0	0	0	2.74	1.04		
B Both	81	16.49	3.40	17.84	0	4.45	5.85		
C OMHT	88	0	4.08	9.17	0	0	0		

 $Table\ 4.6.1$ Distribution of Biodyne user characteristics, clients who did and did not use biofeedback: ALL BIODYNE USERS.

D 1.4	Nua	ber	Per	cent	Significance level,
Population characteristic	Biofeedback users	Biofeedback non-users	Biofeedback users	Biofeedback non-users	test of difference between groaps
Disease group Neither CMD or CDP CMD CDP	52 120 21	471 652 113	26.9 62.2 10.9	38.1 52.8 9.1	0.011
Age group in 1983 Less than 18 18 • 59 60 and me	2 180 11	188 975 73	1.0 93.3 5.7	15.2 78.9 5.9	0.000
Mean age in 1983	37.7	32.1			0.000
Gender Female Hale	131 62	832 404	67.9 32.1	67.3 32.7	0.877
High aser status High user Not high user	151 42	690 546	78.2 21.8	55.8 44.2	0.000
Number of TFMET visits 1 visit 2-5 visits 6-10 visits 11-20 visits 21 or more visits	0 33 43 40 77	619 334 109 94 80	0.0 17.1 22.3 20.7 39.9	50.1 27.0 8.8 7.6 6.5	0.00
Mean number of TFMET visits	23.8	6.0			0.00

 $Table\ 4.6.2$ Distribution of Biodyue user mental health diagnoses, clients who did and did not use biofeedback: ALL BIODYNE USERS.

M . 11 11	Num	ber	Per	cent	Significance level,	
Mental health diagnosis	Biofeedback asers	Biofeedback non-asers	Biofeedback asers	Biofeedback non-asers	test of difference between groaps	
Schizophrenia	21	118	10.9	9.6	0.000	
Affective psychoses	13	30	6.7	2.4		
Personality disorder	11	53	5.7	4.3		
Depression	39	230	20.2	18.6		
Neuroses	15	49	7.8	4.0		
Adjustment reaction	21	72	10.9	5.8		
Eating disorders	4	94	2.1	7.6		
Other rental diagnoses	58	354	30.1	28.6		
Non-rental diagnoses	11	236	5.7	19.1		

 $\label{thm:continuous} Table~4.6.3$ Distribution of Biodyne user characteristics, clients who did and did not use biofeedback: BIODYNE USERS WITH TFMHT ONLY.

D 1.4	Nun	ber	Per	cent	Significance level,
Population characteristic	Biofeedback users	Biofeedback non-users	Biofeedback asers	Biofeedback non-users	test of difference between groups
		TPMHT 0	<u>NLY</u>		
Disease group lieither CMD or CDP CUD CDP	17 44 1	310 360 17	27.4 71.0 1.6	45.1 52.4 2.5	0.019
Age group in 1983 Less than 18 18 • 59 60 and lore	0 56 6	158 470 59	0.0 90.3 9.7	23.0 68.4 8.6	0.000
Mean age in 1983	41.3	31.0			0.000
Gender Female Male	42 20	497 190	67.7 32.3	72.3 27.7	0,440
Bigh user status High user Not high user	37 25	266 421	59.7 40.3	38.7 61.3	0.001
Number of TFMHT visits 1 visit 2-5 visits 6-10 visits 11-20 visits 21 or more visits	0 19 20 9 14	429 168 41 33 16	0.0 30.7 32.3 14.5 22.6	62.5 24.5 6.0 4.8 2.3	0.000
lean number of TPMET visits	14.7	3.2			0.000

Table 4.6.4

Distribution of Biodyue user characteristics, clients who did **and** did not use biofeedback: BIODYNE USERS WITH **BOTH TFMHT** AND **OMHT**.

5	Ku s	ber	Per	cent	Significance level
Popalation characteristic	Biofeedback users	Biofeedback non-asers	Biofeedback users	Biofeedback non-asers	test of difference between groaps
		BOTH TIMES	AND OMET		
Disease groap Neither CMD or CDP CMD CDP	35 76 20	161 292 96	26.7 58.0 15.3	29.3 53.2 17.5	0.603
Age group in 1983 Less than 18 18 - 59 60 and more	2 124 5	30 505 14	1.5 94.7 3.8	,::a 2.6	0.124
Mean age in 1983	36.0	33.4			0,020
Gender Female Male	89 42	335 214	67.9 32.1	61.0 39.0	0.142
High user status High user Hot high user	114 17	424 125	87.0 13.0	77.2 22.0	0.013
Number of TFMET visits 1 visit 2-5 visits 6-10 visits 11-20 visits 21 or nore visits	0 14 23 3 1 63	190 166 68 61 64	0.0 10.7 17.6 23.7 48.1	34.6 30.2 12.4 11.1 11.7	0.000
Mean number of TPMHT visits	28.2	9.5			0.000

Table 4.6.5

Medical service costs in the six months before and the six months after the period of first MHT, adjusted to 1983/2 prices, clients who did and did not use biofeedback: ALL BIODYNE USERS, by population characteristic and mental health treatment status.

D 1.	Po	eople using	biofeedback		Peop	le not usin	g biofeedback	ζ
Population characteristic	cost, 6 months 6 pre-MHT	cost, months post-MHT	Change	N	cost, 6 nonths 6 pre-BNT		Change	N
			TIMET ONL	<u>.Y</u>				
All users	668	1214	546	48	939	786	-153	497
Disease group Neither CND or CDP CND CDP	183 800 a	413 1422 506	230 622 498	9 38 1	441 1327 450	329 1142 352	-112 -185 -99	206 279 12
Age in 1983 Less than 18 18 • 59 60 and more	614 1132	1295 516	681 -616	0 43 5	414 1158 670	374 944 664	-40 -214 -6	313 333 51
# of TPHHT visits 1 visit 2-5 visits 6-10 visits 11-20 visits 21 or more visits	720 692 333 780	556 1197 711 2397	-164 505 378 1617	0 14 16 7 11	1028 871 591 420 1028	700 1105 833 501 619	-328 233 242 81 -409	322 111 27 25 12
			BOTH TIMET A	ND OMET				
All users	1928	1380	-548	105	1052	1037	-15	416
Disease group Neither CMD or CDP CMD CDP	1098 2241 1877	620 1701 1184	-478 -540 -694	24 66 15	596 1264 1189	420 1315 1262	-176 51 73	126 234 56
Age in 1983 Less than 18 18 • 59 60 and more	0 1966 1567	269 1414 931	269 -551 -636	1 99 5	168 1113 814	249 1066 1570	81 -47 756	23 380 13
of TRMET visits 1 visit 2-5 visits 6-10 visits 11-20 visits 21 or nore visits	2853 824 2053 2079	1524 898 917 1701	-1329 74 -1136 -378	0 11 19 21 54	852 1153 1339 1221 956	1208 923 1105 824 934	356 -230 -234 -397 -22	149 124 49 46 48

Table 4.6.6

Medical service costs in the twelve months before and the twelve months after the period of first MHT, adjusted to 1983/2 prices, clients who did and did not use biofeedback: ALL BIODYNE USERS, by population characteristic and mental health treatment status.

5 1 :	F	People using	biofeedback		Peo	ople not usin	g biofeedbac	k
Popalation characteristic	cost, 12 nonths pre-MHT	cost, 12 months post-MHT	Change	N	cost, 12 months pre-MHT	cost, 12 nonths post-MHT	Change	N
			TFMET ON	<u>LY</u>				
All asers	1454	2533	1079	23	1966	1498	-468	341
Disease groap								
Neither CMD or CDP	461	660	199	5	888	642	-246	128
CHD	1730	3053	1324	18	2677	2050	-627	207
CDP				0	430	713	283	6
Age in 1983								
Less than 18				0	844	743	-100	83
18 - 59	1573	2751	1178	21	2439	1743	-696	226
60 and lore	207	247	39	2	1533	1724	191	32
of TIMET visits								
1 visit				0	2032	1594	-439	237
2-5 visits	1017	877	-141	4	1886	1151	-734	63
6-10 visits	1743	2770	1027	8	1583	1758	175	15
11-20 visits	622	1253	631		1363	926	-519	18
21 or nore visits	1848	3940	2091	4 7	2526	2190	-319	8
21 Of auto visits	1040	J7 4 0	2071	1	2320	2170	-330	0
			BOTH TEMET AN	ID ONET				
All asers	3713	3617	-96	71	2487	2243	-244	261
Disease groap								
Neither CMD or CDP	1526	1342	-184	16	1497	835	-661	72
CHD	4467	4576	109	47	2775	2718	-57	156
CDP	3653	2533	-1120	8	3286	3072	-214	33
Age in 1983								
Less than 18	0	338	338	1	522	436	-86	18
18 - 59	3840	3573	-267	65	2667	2379	-289	233
60 and more	2800	4840	2040	5	1828	2346	518	10
of TIMET visits								
1 visit				0	1855	2418	563	106
2-5 visits	6070	4713	-1358	a	2733	2328	-405	75
6-10 visits	1419	1801	382	15	2421	2202	-220	31
11-20 visits	3597	2543	-1053	13	3556	1806	-1749	31
21 or nore visits	4200	4544	344	35	3455	1687	-1768	18

Table 4.8.1

Mean age and percentage gender by **MHT** status for Federal Employees with 30 months continuous eligibility.

	<u>N</u>	<u>%</u>	<u>Mean Acre</u>
Nomht	26,744	100.00%	45.12
Female	13,628	50.96%	45.22
Male	13,116	49.04%	45.02
OMHT	1,291	100.00%	41.60
Female	739	57.24%	41.51
Male	552	42.76%	41.71
TFMHT	242	100.00%	45.71
Female	141	58.26%	45.60
Male	101	41.74%	45.87

Table 4.8.2.

Medical Costs adjusted to 1983 prices in the 12 month period before and after the **MHT** period: Federal Employees by **MHT** Status.

	12 Months Pre-MHT	12 Months Post-MET	CHANGE Post-Pre	% CHANGE
NoMHT (26,743)	\$464	\$568	+\$104	+22.39%
OMHT (1,291)	\$862	\$1,233	+\$371	+43.08%
TFMHT (172)	\$172	\$534	-\$238	-30.83%
BOTH (70)	\$891	\$523	-\$368	-41.30%

Note: $\underline{\mathtt{Ns}}$ are in parenthesis. All cost figures exclude cost of MHT services.

Table 4.8.3.

Medical Costs adjusted to 1983 prices in the 12 Month period Before and After the MET period: Federal employees by MET Status and by Medical Diagnosis (NonCMD, CMD).

	12 Months Pre-MET	12 Months Post-MET	CHANGE Post-Pre	% CHANGE
	Non-Chronic Medical	Diagnoses (Non	CMD) Patient	s:
NoMHT (16,455)	\$290	\$348	+\$58	+20.00%
OMET (778)	\$537	\$688	+\$151	+28.12%
TFMET (97)	\$633	\$422	-\$241	-38.08%
BOTH (35)	\$484	\$323	-\$161	-33.26%
	Chronic Medical	Diagnoses (CMD)	Patients:	
NOMHT (10,288)	\$741	\$918	+\$177	-I-23.88%
OMHT (521)	\$1341	\$2038	+\$697	+51.98%
TFMET (75)	\$912	\$679	-\$233	-25.55%
BOTH (35)	\$1298	\$724	-\$574	-44.24%

Note: Note:

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
B Total	34080	34117	34420	33684	32851	32147	31161	27562	22343	21538
E NOMET	29333	29160	29407	28635	27796	27176	26373	23232	18642	17969
E OMET	3796	3904	3913	3893	3845	3771	3687	3316	2860	2768
e temet	478	530	557	604	637	634	581	530	422	408
B Both	473	523	543	552	573	566	520	484	419	393
C Total	16573	16582	16630	16341	16009	15584	15218	13372	10941	10500
C NOMET	14426	14428	14406	14100	13767	13375	13029	11409	9256	8867
C OMHT	2147	2154	2224	2241	2242	2209	2189	1963	1685	1633

Table 4.9.A.2

Medicaid current period population: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and diagnosis.

Mental health					Calenda	ar period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	X	EITHER CHE	ONIC MEDIC	al Diagn	NOSIS OF	R SUBSTANCE A	ABUSE			
I Total	22072	21832	21898	21352	20561	20107	19352	16809	13199	12708
E NOMET	20112	19801	19870	19308	18533	18131	17485	15106	11740	11301
E OMHT	1665	1695	1665	1644	1603	1551	1495	1363	1188	1142
E TFMHT	169	196	210	246	262	259	226	209	161	156
ß Both	126	140	153	154	163	166	146	131	110	109
C Total	10483	10456	10368	10109	9849	9500.	9253	7900	6287	6020
C NOMET	9585	9561	9478	9225	8946	8623	8381	7122	5626	5384
c OMHT	898	895	890	884	903	877	872	778	661	636
			CHRONIC I	MEDICAL D	[AGNOS]	ES_				
E Total	11234	11449	11683	11458	11390	11113	10883	10005	8538	8243
E NOMET	9046	9174	9350	9139	9071	8836	8675	7939	6758	6532
E OMHT	1603	1636	1687	1659	1638	1601	1571	1472	1281	1241
R TFMHT	298	324	333	344	359	359	342	310	251	242
B Both	287	315	313	316	322	317	295	284	248	228
C Total	5688	5723	5817	5773	5690	5606	5475	5074	4321	4157
C NOMHT	4738	4761	4818	4769	4707	4633	4528	4190	3550	3402
C OMET	950	962	999	1004	983	973	947	884	771	755

Table 4.9.A.2 -- Continued Medicaid current period population: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE	ABUSE					
E Total	774	836	839	874	900	927	926	748	606	587
E Nomet	175	185	187	188	192	209	213	187	144	136
E OMET	528	573	561	590	604	619	621	481	391	385
B TPMET	11	10	14	14	16	16	13	11	10	10
E Both	60	68	77	82	88	83	79	69	61	56
C Total	402	403	445	459	470	478	490	398	333	323
C NOMET	103	106	110	106	114	119	120	97	80	81
C OMET	299	297	335	353	356	359	370	301	253	242

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Table 4.9.A.3

Medicaid current period population: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LES	S THAN 1	8 YEARS					
K Total	17722	17761	17926	17566	17168	16956	16360	14367	11291	10870
E NOMHT	16757	16747	16909	16540	16111	15917	15359	13454	10538	10157
E OMHT	847	888	887	877	890	866	847	775	637	599
E TFMET	99	104	110	128	139	145	129	113	93	92
K Both	19	22	20	21	28	28	25	25	23	22
C Total	8513	8594	8561	8388	8229	8067	7864	6790	5405	5193
C NOMET	8066	8143	8093	7931	7772	7619	7420	6402	5094	4889
C OMET	447	451	468	457	457	448	444	388	311	304
			<u>18</u>	TEROUGE 59	YRARS					
K Total	13089	13112	13128	12787	12337	11917	11521	10128	8315	8022
E Nomet	9552	9418	9388	9018	8591	8235	7976	6944	5578	5373
E OMET	2766	2837	2840	2831	2779	2731	2670	2379	2069	2019
B TFMET	333	374	396	425	440	430	397	363	287	273
B Both	438	483	504	513	527	521	478	442	381	357
C Total	6361	6298	6338	6216	6081	5025	5660	4982	4121	3953
C NOMHT	4782	4719	4701	4554	4412	4178	4025	3512	2850	2724
C OMHT	1579	1579	1637	1662	1669	1647	1635	1470	1271	1229

 $Table\ 4.9.A.3\ --\ Continued$ Medicaid current period population: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6(</u>	YEARS AND	OLDER					
B Total	3269	3244	3366	3331	3346	3274	3280	3067	2737	2646
E NOMHT	3024	2995	3110	3077	3094	3024	3038	2834	2526	2439
E OMET	183	179	186	185	176	174	170	162	154	150
E TPMET	46	52	51	51	58	59	55	54	42	43
ß Both	16	18	19	18	18	17	17	17	15	14
C Total	1699	1690	1731	1737	1699	1692	1694	1600	1415	1354
C NOMET	1578	1566	1612	1615	1583	1578	1584	1495	1312	1254
C OMET	121	124	119	122	116	114	110	105	103	100

 $Table\ \ 4.9.A.4$ Medicaid current period population: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMALE	<u> </u>				•	
I Total	20196	20134	20381	19955	19424	19016	18402	16554	13547	13097
B Nomet	17411	17279	17490	17038	16502	16141	15656	13998	11330	10945
E OMHT	2112	2120	2125	2113	2086	2030	1976	1854	1626	1584
E TPMET	357	395	417	444	466	470	420	390	321	311
B Both	316	340	349	360	370	375	342	312	270	257
C Total	9979	9987	10008	9807	9616	9280	9035	8024	6672	6405
C NOMET	0697	8721	8713	8507	8342	8041	7807	6898	5693	5446
C OMET	1282	1266	1295	1300	1274	1239	1228	1126	979	959
				MALE						
K Total	13884	13983	14039	13729	13427	13131	12759	11008	8796	8441
E Nomet	11922	11881	11917	11597	11294	11035	10717	9234	7312	7024
E OMET	1684	1784	1788	1780	1759	1741	1711	1462	1234	1184
E TFMHT	121	135	140	160	171	164	153	140	101	97
8 Both	157	183	194	192	203	191	178	172	149	136
C Total	6594	6595	6622	6534	6393	6304	6183	5348	4269	409
C NOMET	5729	5707	5693	5593	5425	5334	5222	4511	3563	342
C OMET	865	888	929	941	968	970	961	837	706	67

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Table 4.9.A.5

Medicaid current period population: **NUMBER** ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAMILIES	III DEPE	NDENT (CHILDREN				
E Total	23384	23083	23086	22379	21637	21128	20144	17933	14282	13795
E NOMET	21259	20906	20937	20227	19513	19044	18185	16135	12782	12353
E OMET	1658	1676	1642	1596	1544	1500	1433	1316	1099	1053
B TFMHT	311	334	344	384	401	408	365	332	271	264
R Both	156	167	163	172	179	176	161	150	130	125
C Total	11219	11231	11219	10852	10523	10145	9797	8542	6904	6694
C NOMET	10276	10299	10278	9945	9643	9301	8975	7803	6292	6090
C OMET	943	932	941	907	880	844	822	739	612	604
			AGED,	BLIND, AN	ID DISABL	<u>.ED</u>				
B Total	4303	4479	4676	4698	4787	4759	4792	4558	4143	3974
ENOMET	3280	3393	3554	3565	3637	3612	3640	3453	3121	2978
EOMET	808	847	868	873	880	818	889	849	796	780
ETFHET	80	91	99	103	109	110	107	103	90	8
8 Both	135	148	155	157	161	159	156	153	136	130
C Total	2201	2286	2378	2424	2410	2423	2451	2353	2117	201
CNOMHT	1697	1762	1829	1856	1842	1853	1885	1800	1599	151
OMET	504	524	549	568	568	570	566	553	518	50

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Table 4.9.A.5 -- Continued

Medicaid current period population: **NUMBER** ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	NERAL ASS	ISTANCE.					
E Total	3009	3229	3200	3211	3204	3071	3004	2536	2132	2022
E NOMET	1739	1874	1821	1823	1808	1693	1706	1435	1219	1150
E OMET	1038	1096	1103	1112	1100	1087	1042	867	725	700
B TFMET	63	68	71	74	83	78	70	65	45	43
8 Both	169	191	205	202	213	213	186	169	143	129
C Total	1470	1455	1429	1454	1505	1496	1416	1215	1031	943
C NOMET	935	915	863	860	887	865	805	718	612	549
C OMET	535	540	566	594	618	631	611	497	419	394
				OTHER	<u> </u>					
E Total	3384	3326	3458	3396	3223	3189	3221	2535	1786	1747
E NOMHT	3055	2987	3095	3020	2838	2827	2842	2209	1520	1488
k omet	292	285	300	312	321	306	323	284	240	235
E TPMHT	24	37	43	43	44	38	39	30	16	15
B Both	13	17	20	21	20	18	17	12	10	9
C Total	1683	1610	1604	1611	1571	1520	1554	1262	889	848
C NOMET	1518	1452	1436	1439	1395	1356	1364	1088	753	715
C OMET	165	158	168	172	176	164	190	174	136	133

Table 4.9.A.6

Medicaid beginning population still eligible in each period: **NUMBER**ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
K Total	34080	27804	24662	22021	19854	18136	16391	15101	12729	12323
E NOMET	29333	23649	20881	18490	16539	14996	13505	12389	10329	9999
E OMHT	3796	3238	2895	2661	2469	2308	2119	2000	1790	1745
B TPMHT	478	466	447	445	431	426	394	363	288	281
E Both	473	451	439	425	415	406	373	349	322	298
C Total	16573	13460	11834	10715	9629	8734	7986	7417	6264	6069
C NOMHT	14426	11637	10162	9144	8172	7371	6693	6186	5186	5015
C OMHT	2147	1823	1672	1571	1457	1363	1293	1231	1078	1054

 $Table\ 4.9.A.7$ Medicaid beginning population still eligible in each period: {\bf NUMBER} ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	NEITHER CI	ERONIC MED	ICAL DIAGNO	OSIS OR S	UBSTANCE	<u>ABUSE</u>			
E Total	22072	17259	14868	12988	11435	10290	9072	8269	6783	6569
E NOMET	20112	15564	13368	11603	10147	9083	7988	7262	5898	5708
R OMHT	1665	1413	1229	1114	1029	951	853	792	711	690
B TFMHT	169	165	154	160	153	148	131	126	96	95
B Both	126	117	117	111	106	108	100	89	78	76
C Total	10483	8116	6898	6088	5341	4717	4227	3887	3225	3114
C NOMET	9585	7369	6227	5464	4760	4176	3718	3403	2800	2705
C OMHT	898	747	671	624	581	541	509	484	425	409
			<u>CERON</u>	NIC HEDICAL	DIAGNOSI	ES_				
K Total	11234	9944	9281	8569	8013	7453	6968	6514	5659	5471
E NOMET	9046	7939	7380	6760	6283	5804	5417	5036	4357	4221
E OMET	1603	1434	1350	1270	1203	1128	1063	1021	906	879
E TPMHT	298	292	282	276	268	268	255	229	184	177
B Both	287	279	269	263	259	253	233	228	212	194
C Total	5688	5024	4649	4374	4064	3803	3563	3348	2882	2795
C NOMET	4738	4177	3853	3602	3340	3128	2916	2735	2340	2261
C OMET	950	847	796	772	724	675	647	613	542	534

Table 4.9.A.7 -- Continued Medicaid beginning population still eligible in each period: **NUMBER** ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and diagnosis.

Calendar period										
83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1	
			SUBSTANCE	ABUSE						
774	601	513	464	406	393	351	318	287	283	
175	146	133	127	109	109	100	91	74	70	
528	391	316	277	237	229	203	187	173	176	
11	9	11	9	10	10	8	a	8	9	
60	55	53	51	50	45	40	32	32	28	
402	320	287	253	224	214	196	182	157	160	
103	91	82	78	72	67	59	48	46	49	
299	229	205	175	152	147	137	134	111	111	
	774 175 528 11 60 402 103	774 601 175 146 528 391 11 9 60 55 402 320 103 91	774 601 513 175 146 133 528 391 316 11 9 11 60 55 53 402 320 287 103 91 82	SUBSTANCE 774 601 513 464 175 146 133 127 528 391 316 277 11 9 11 9 60 55 53 51 402 320 287 253 103 91 82 78	83/2 84/1 84/2 85/1 85/2 774 601 513 464 406 175 146 133 127 109 528 391 316 277 237 11 9 11 9 10 60 55 53 51 50 402 320 287 253 224 103 91 82 78 72	83/2 84/1 84/2 85/1 85/2 86/1 SUBSTANCE ABUSE 774 601 513 464 406 393 175 146 133 127 109 109 528 391 316 277 237 229 11 9 11 9 10 10 60 55 53 51 50 45 402 320 287 253 224 214 103 91 82 78 72 67	83/2 84/1 84/2 85/1 85/2 86/1 86/2 SUBSTANCE ABUSE 774 601 513 464 406 393 351 175 146 133 127 109 109 100 528 391 316 277 237 229 203 11 9 11 9 10 10 8 60 55 53 51 50 45 40 402 320 287 253 224 214 196 103 91 82 78 72 67 59	83/2 84/1 84/2 85/1 85/2 86/1 86/2 87/1 SUBSTANCE ABUSE 774 601 513 464 406 393 351 318 175 146 133 127 109 109 100 91 528 391 316 277 237 229 203 187 11 9 11 9 10 10 8 a 60 55 53 51 50 45 40 32 402 320 287 253 224 214 196 182 103 91 82 78 72 67 59 48	83/2 84/1 84/2 85/1 85/2 86/1 86/2 87/1 87/2 SUBSTANCE ABUSE 774 601 513 464 406 393 351 318 287 175 146 133 127 109 109 100 91 74 528 391 316 277 237 229 203 187 173 11 9 11 9 10 10 8 a 8 60 55 53 51 50 45 40 32 32 402 320 287 253 224 214 196 182 157 103 91 82 78 72 67 59 48 46	

Table 4.9.A.8

Medicaid beginning population still eligible in each period: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Le</u> :	SS THAN 18	YRARS_					
E Total	17722	14439	12641	11166	9870	8927	7864	7142	5753	5564
E Nomet	16757	13546	11855	10439	9185	8281	7290	6615	5320	5147
R OMHT	847	776	678	613	572	531	471	435	359	344
E TFMET	99	98	90	97	96	97	85	74	59	58
ß Both	19	19	18	17	17	18	18	18	15	15
C Total	8513	6931	5957	5329	4682	4199	3754	3433	2809	2725
C Nomet	8066	6535	5603	4997	4379	3922	3497	3194	2614	2535
C OMBT	447	396	354	332	303	277	257	239	195	190
			<u>18</u>	THROUGH	59 YRARS					
E Total	13089	10513	9317	8346	7609	6975	6395	5934	5130	4978
E NOMET	9552	7483	6548	5761	5184	4684	4277	3935	3334	3238
E OMET	2766	2291	2050	1886	1747	1629	1507	1432	1303	1277
E TYMET	333	323	314	307	296	289	271	251	199	192
B Both	438	416	405	392	382	373	340	316	294	271
C Total	6361	5030	4471	4058	3709	3366	3111	2903	2485	2419
C NOMHT	4782	3719	3262	2929	2659	2382	2171	2004	1692	1642
C OMET	1579	1311	1209	1129	1050	984	940	899	793	777

Table 4.9.A.8 -- Continued

Medicaid beginning population still eligible in each period: **NUMBER**ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and age in 1983.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AND	OLDER					
E Total	3269	2852	2704	2509	2375	2234	2132	2025	1846	1781
E NOMHT	3024	2620	2478	2290	2170	2031	1938	1839	1675	1614
E OMET	183	171	167	162	150	148	141	133	128	124
E TPMHT	46	45	43	41	39	40	38	38	30	31
B Both	16	16	16	16	16	15	15	15	13	12
C Total	1699	1499	1406	1328	1238	1169	1121	1081	970	925
C NOMET	1578	1383	1297	1218	1134	1067	1025	988	880	838
C OMET	121	116	109	110	104	102	96	93	90	87

 $Table\ 4.9.A.9$ Medicaid beginning population still eligible in each period: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and gender.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>Femal</u>	E					
E Total	20196	16677	14972	13481	12220	11225	10190	9463	8023	7808
E Nomet	17411	14199	12672	11312	10163	9252	8370	7750	6507	6331
E OMHT	2112	1827	1670	1541	1446	1359	1257	1197	1067	1047
E TFMET	357	348	333	334	324	325	300	274	228	221
ß Both	316	303	297	294	287	289	263	242	221	209
C Total	9979	8253	7345	6670	6020	5439	4980	4651	3990	3837
C NOMET	8697	7140	6312	5692	5111	4598	4172	3884	3313	3176
C ONET	1282	1113	1033	978	909	841	808	767	677	661
				MALE						
E Total	13884	11127	9690	a540	7634	6911	6201	5638	4706	4515
E NOMHT	11922	9450	8209	7178	6376	5744	5135	4639	3822	3668
E OMHT	1684	1411	1225	1120	1023	949	862	803	723	698
E TFMET	121	118	114	111	107	101	94	89	60	60
B Both	157	148	142	131	128	117	110	107	101	89
C Total	6594	5207	4489	4045	3609	3295	3006	2766	2274	2232
C NOMET	5729	4497	3850	3452	3061	2773	2521	2302	1873	1839
C OMET	865	710	639	593	548	522	485	464	401	393

Table 4.9.A.10

Medicaid beginning population still eligible in each period: **NUMBER**ENROLLED FOR TEE ENTIRE CALENDAR PERIOD, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	ır period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAMIL	IES VIIID	EPENDENT (CHILDREN				
E Total	23384	19211	16872	14963	13309	12104	10700	9867	8133	7883
E NOMET	21259	17267	15111	13295	11743	10612	9360	8623	7077	6865
E OMHT	1658	1484	1326	1224	1137	1069	952	885	752	725
B TFMHT	311	305	289	296	284	281	257	236	194	188
B Both	156	155	146	148	145	142	131	123	110	105
C Total	11219	9230	8089	7239	6441	5792	5206	4758	3941	3854
C NOMET	10276	8406	7332	6542	5785	5184	4632	4227	3501	3422
C OMET	943	824	757	697	656	608	574	531	440	432
			AGED, 1	BLIND, AN	<u>D DISABL</u>	<u>ED</u>				
E Total	4303	3979	3828	3633	3513	3366	3264	3139	2900	2802
E NOMET	3280	3018	2893	2730	2628	2504	2404	2312	2126	2046
E OMET	808	754	727	701	686	666	668	642	606	594
E TFMET	80	79	78	76	73	73	70	69	60	59
8 Both	. 135	128	130	126	126	123	122	116	108	103
C Total	2201	2025	1940	1869	1773	1698	1654	1617	1491	1423
C NOMET	1697	1559	1479	1412	1332	1266	1227	1195	1089	1032
C OMET	504	466	. 461	457	441	432	427	422	402	391

Table 4.9.A.10 -- Continued

Medicaid beginning population still eligible in each period: NUMBER ENROLLED FOR THE ENTIRE CALENDAR PERIOD, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>G</u> E	ENERAL ASS	<u>ISTANCE</u>					
K Total	3009	2333	2008	1803	1648	1432	1297	1177	1055	992
E NOMET	1739	1344	1146	1039	967	816	769	670	595	551
E OMET	1038	776	653	573	494	434	369	360	333	320
E TFMHT	63	58	58	52	54	52	49	45	31	31
B Both	169	155	151	139	133	130	110	102	96	82
C Total	1470	1119	928	835	739	673	591	556	481	457
C NOMET	935	715	588	528	471	420	380	359	310	285
C ONET	535	404	340	307	268	245	211	197	171	172
				OTHER						
E Total	3384	2281	1954	1622	1384	1234	1130	918	641	646
E NOMET	3055	2020	1731	1426	1201	1064	972	704	531	537
e omet	292	224	189	163	152	139	130	113	99	98
E TPMHT	24	24	22	21	20	20	18	13	3	3
B Both	13	13	12	12	11	11	10	8	8	8
C Total	1683	1086	877	772	676	571	535	486	351	335
C NOMET	1518	957	763	662	504	493	454	405	286	276
C OMET	165	129	114	110	92	78	81	81	65	59

 $\begin{tabular}{lll} Table \begin{tabular}{ll} \bf 4.9.B.1 \\ Medicaid & current & period & population: TOTAL REIMEWRSEMENTS, by mental health treatment & status. \\ \end{tabular}$

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	475	489	486	563	543	609	632	680	679	777
E NOMHT	386	390	397	466	452	506	532	559	560	656
E OMET	962	979	949	1054	1014	1113	1135	1284	1251	1321
E TFMHT	928	1020	848	890	951	1020	1009	1208	1016	1308
8 Both	1641	1827	1567	1750	1374	1750	1725	1758	1724	1908
C Total	497	555	510	585	549	624	689	740	742	797
C NOMET	418	474	438	497	466	535	610	641	643	705
c omet	1026	1094	978	1138	1059	1165	1162	1312	1287	1297
Standard deviation	1797	2076	2025	2401	2043	2159	2245	2319	2470	2558

Table 4.9.B.2 Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	RITHER CHR	ONIC MEDIC	IL DIAGN	OSIS OR S	SVBSTANC	R ABUSE			
E Total	303	311	307	334	325	361	369	378	380	450
E NOMET	270	279	274	301	293	324	342	345	337	407
E OMHT	643	607	591	615	605	694	651	709	729	814
E TFMET	412	400	383	467	438	483	268	388	462	355
B Both	950	1152	1416	1284	981	1065	811	703	1064	1188
C Total	322	359	345	354	330	358	400	395	431	450
C NOMET	297	326	320	308	296	321	370	363	386	407
C OMET	583	720	608	832	663	728	694	684	811	813
Standard deviation	1308	1558	1723	1731	1531	1850	1773	1808	2195	1925
			<u>CHRON</u>	VIC MEDICAL	DIAGNOS	<u>ES</u>				
E Total	763	785	793	943	887	1006	1050	1132	1081	1226
E NOMET	640	622	653	804	758	859	905	955	927	1071
E OMHT	1185	1329	1334	1450	1369	1525	1561	1732	1665	1733
E TFMET	1223	1412	1164	1210	1344	1436	1521	1790	1400	1817
B Both	1807	2062	1678	1988	1559	2005	2056	2242	1952	2279
C Total	772	858	770	953	871	1018	1110	1189	1149	1241
C NOMET	659	750	663	854	765	913	1014	1090	1033	1143
C OMET	1336	1396	1281 :	1423	1378	1517	1570	1661	1684	1682
Standard deviation	2356	2764	2462	3217	2619	2546	2701	2824	2745	3200

 $Table\ 4.9.B.2\ --\ Continued$ Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status $\ \text{and}\ diagnosis.$

Mental health					Caler	ndar	period			
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE	ABUSE					
K Total	1221	1105	858	1175	1189	1241	1229	1427	1528	1540
E NOMHT	665	840	675	1023	1286	1380	946	1056	1562	1387
E OMHT	1290	1080	856	1167	1141	1097	1223	1545	1475	1495
E TFMHT	873	446	300	439	529	356	415	407	316	3891
K Both	2298	2130	1417	1707	1427	2145	2177	1771	1988	1803
C Total	1187	1313	973	1047	1246	1292	1440	1853	1349	1544
C NOMET	661	1446	720	902	1439	1330	2119	1673	1441	2073
C OMHT	1368	1265	1056	1090	1185	1280	1219	1911	1320	1366
Standard deviation	3056	2154	1942	2908	2897	2341	3658	3330	2887	3004

Table 4.9.B.3 Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and age in 1983.

					Calenda	r period				
status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			L	ESS THAN	18 years					
K Total	197	213	208	241	229	278	280	285	255	270
E NOMET	193	208	203	235	221	267	266	265	238	250
R OMBT	264	290	288	317	344	445	492	612	529	597
E TFMHT	366	206	302	373	448	431	498	417	299	313
B Both	411	536	346	465	254	372	377	361	421	526
C Total	217	241	255	267	233	276	316	315	298	278
C NOMET	213	234	252	262	225	264	301	305	285	265
c OMHT	298	383	304	343	376	472	566	491	496	493
Standard deviation	904	1253	1635	1711	1226	1804	1625	1567	2054	1103
			<u>18</u>	THROUGH 59	YEARS					
B Total	798	801	787	895	861	909	930	1004	1002	1128
E NOMET	639	608	623	714	694	701	738	761	769	909
E OMET	1192	1207	1166	1277	1227	1316	1330	1495	1447	1527
E TFMET	889	1148	882	1063	1127	1184	1088	1449	1272	1409
B Both	1705	1903	1637	1816	1430	1834	1752	1812	1797	1942
C Total	825	911	773	870	827	906	955	1033	1041	1153
C Nomet	681	716	636	695	669	724	818	842	853	1008
C OMET	1261	1316	1169	1348	1244	1366	1293	1490	1462	1475
Standard deviation	2414	2536	2271	2736	2521	2137	2389	2552	2334	2809

 $Table\ 4.9.B.3\ --\ Continued$ Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	ID OLDER					
E Total	690	745	791	989	981	1238	1347	1463	1446	1792
E NOMHT	658	722	773	982	978	1236	1337	1465	1443	1788
E OMET	720	780	792	1134	1047	1252	1269	1401	1603	1439
E TPMHT	2422	1729	1763	738	819	1266	1636	1245	857	2799
R Both	1350	1365	995	1385	1480	1463	2923	2431	1875	3228
C Total	673	817	809	1105	1088	1317	1530	1627	1572	1746
C Nomet	675	813	795	1094	1088	1341	1524	1611	1577	1761
C OMET	645	863	1003	1246	1096	981	1617	1855	1513	1556
Standard deviation	2221	3105	2590	3567	2929	3285	3598	3637	3737	4637

Table 4.9.B.4 Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and gender.

Mental health					Calendar	r period				
treataent status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	<u>R</u>					
g Total	496	520	511	581	586	650	662	731	740	821
E NOMET	412	423	425	491	499	555	570	615	624	710
E OMHT	924	991	970	1040	1016	1110	1139	1304	1323	1337
B TFMHT	992	1036	958	987	1051	1061	995	1258	1008	1352
B Both	1714	1914	1496	1600	1454	1717	1722	1879	1762	1742
C Total	496	510	524	577	571	639	702	768	751	829
C NOMET	426	502	455	502	485	557	625	678	654	727
c OMHT	973	1043	989	1074	1132	1172	1191	1324	1314	1412
standard deviation	1669	2076	1860	2073	2083	2102	2004	2155	2102	2448
				MALE						
E Total	445	445	449	537	481	551	589	604	586	707
R NOWHT	348	343	357	429	382	435	477	476	461	572
E ONET	1010	964	925	1071	1013	1116	1130	1260	1155	1298
E TPMHT	741	974	521	620	678	900	1047	1068	1043	1167
B Both	1495	1665	1694	2032	1228	1814	1729	1539	1655	2224
C Total	498	530	490	597	516	602	671	697	729	746
C NOMET	407	431	413	491	436	501	587	586	626	670
C OMET	1103	1168	963	1226	963	1155	1124	1296	1250	1134
Standard deviation	1970	2074	2246	2814	1981	2240	2554	2544	2949	2719

Table 4.9.B.5

Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO PAMILIES	WITH DEPE	NDENT C	HILDREN				
B Total	327	328	325	352	331	367	372	388	371	380
E NOMET	293	288	293	316	292	319	330	329	314	328
E OMHT	647	689	620	632	638	781	768	896	899	857
e temet	506	539	535	712	746	747	605	875	570	603
R Both	1151	1223	1067	1139	1024	1093	1077	1198	1045	1068
C Total	346	362	341	354	319	361	374	389	363	390
C Nomet	315	331	312	317	277	325	340	350	323	337
C OMET	684	711	659	756	775	757	752	803	777	921
Standard deviation	1219	1304	1353	1440	967	1008	1095	1144	958	969
			AGED	, BLIND, A	AND DISABI	JED_				
E Total	830	947	891	1081	984	1069	1123	1214	1249	1518
E Nomet	654	770	755	943	832	963	1017	1129	1169	1434
E OMHT	1223	1296	1211	1423	1388	1202	1300	1430	1343	1517
E TPMET	2377	2346	1785	1671	1711	1918	1821	1603	2216	3214
E Both	1847	2131	1645	1932	1720	2144	2100	1687	1879	2312
C Total	909	976	915	1190	942	1134	1213	1348	1283	1318
C NOMET	746	860	800	1048	866	1036	1159	1303	1256	1334
C OMET	1457	1368	1297	1653	1188	1455	1393	1494	1366	1270
Standard deviation	2933	3412	3547	4358	3351	4050	3822	3847	4405	4169

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Table 4.9.B.5 -- Continued

Medicaid current period population: TOTAL REIMBURSEMENTS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE!</u>	TERAL ASSIS	STANCE					
E Total	1002	900	895	992	938	1072	1085	1182	1094	1196
E NOMET	721	546	575	642	656	653	686	670	581	712
E OMET	1325	1257	1236	1382	1303	1537	1555	1738	1715	1770
E TFMHT	1090	1615	1141	834	1162	1118	1373	2257	1326	1221
g Both	1881	2066	1810	2063	1353	2015	2006	2262	2249	2389
C Total	920	1003	934	958	994	1105	1149	1265	1248	1157
C NOMET	699	668	697	691	713	788	900	904	855	776
C OMET	1306	1572	1296	1345	1396	1539	1477	1787	1823	1689
Standard deviation	2438	2304	2443	2485	2412	2189	2233	2664	2416	2307
				OTHE	<u>R</u>					
E Total	582	598	632	832	921	1087	1107	1286	1328	1734
E NOMET	555	576	588	804	931	1094	1112	1282	1363	1778
E OMET	742	669	940	1018	814	983	954	1265	1148	1404
E TFMET	1149	1011	717	699	538	1140	1911	1269	944	3047
E Both	2259	2420	2538	2390	1958	1561	1334	2574	928	858
C Total	600	890	719	900	1064	1095	1428	1475	1816	2370
C NOMET	583	898	727	920	1087	1129	1455	1465	1849	2450
C OMET	751	816	650	731	. 882	816	1236	1537	1635	1942
Standard deviation	2297	3281	2317	3174	3572	3108	3648	3603	3725	4834

Table 4.9.B.6

Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	475	474	456	524	511	577	615	687	690	765
E NoMHT	386	368	364	420	408	456	497	552	555	634
E OMET	962	981	918	1016	969	1083	1144	1231	1240	1270
E TPMET	928	975	742	858	933	1007	931	1307	1011	1282
B Both	1641	1864	1512	1611	1415	1693	1564	1745	1680	1725
C Total	497	511	432	524	503	591	661	726	713	750
C NOMET	418	419	351	430	410	499	572	632	616	664
c OMHT	1026	1096	923	1073	1025	1092	1126	1198	1181	1161
Standard deviation	1797	1833	1581	2050	1810	1794	1940	2161	2088	2390

 $Table\ 4.9.B.7$ Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status \mbox{and} diagnosis.

I Total					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	NEITHER (HRONIC MEDICAL	DIAGNOS	SIS OR SUI	BSTANCE A	ABUSE_			
B Total	303	287	258	277	276	300	310	344	350	383
B Nomet	270	255	226	239	237	254	278	309	299	339
E OMHT	643	562	500	563	555	634	584	619	688	691
E TPMHT	412	359	358	439	420	453	237	384	406	320
B Both	950	1144	1284	1178	1108	1044	626	623	1008	1025
C Total	322	319	246	281	258	269	308	335	347	356
C NOMHT	297	282	213	228	213	223	269	288	290	309
c oner	583	681	557	744	632	620	592	671	722	666
Standard deviation	1308	1450	883	1178	960	1028	1021	1264	1203	1612
			CHRONIC I	MEDICAL	DIAGNOSI	<u>ES</u>				
E Total	763	756	749	853	812	924	977	1086	1052	1176
E NOMHT	640	581	608	716	678	763	812	893	882	1026
E OMET	1185	1345	1300	1336	1262	1441	1544	1630	1615	1631
B TPMHT	1223	1338	967	1120	1242	1338	1301	1844	1355	1644
B Both	1807	2078	1626	1763	1529	1881	1866	2153	1887	1951
C Total	772	777	684	828	787	959	1053	1138	1095	1179
C NOMET	659	643	570	724	680	855	946	1032	992	1086
C OMET	1336	1437	1238	1317	1280	1442	1534	1610	1539	1571
Standard deviation	2356	2292	2243	2761	2498	2395	2607	2797	2684	2984

Table 4.9.B.7 -- Continued

Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			i L	SUBSTANC	E ABUSE					
K Total	1221	1170	909	1369	1178	1228	1346	1461	1597	1691
E NOMET	665	795	738	1291	084	1004	979	1006	1706	1096
E OMHT	1290	1164	911	1368	1280	1185	1403	1638	1543	1735
B TFMHT	873	493	376	240	503	324	486	494	348	4293
E Both	2298	2312	1441	1765	1469	2191	2148	1959	1945	2065
C Total	1187	1264	810	1114	1193	1165	1172	1487	1214	942
C NOMET	661	1246	589	996	937	1047	1144	2233	1275	795
c omet	1368	1187	898	1166	1315	1220	1184	1219	1189	1007
Standard deviation	3056	2128	1649	3649	2336	2275	2441	3209	3048	2708

Table 4.9.B.8

Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status and age in 1983.

					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LE	SSTHAN 18	TEARS_					
E Total	197	193	178	197	180	195	207	215	202	217
B NOMHT	193	187	170	192	171	181	192	201	187	206
E OMET	264	290	304	267	287	395	418	397	414	374
B TFMHT	366	199	229	269	431	302	309	346	269	246
B Both	411	553	366	510	334	433	364	405	342	348
C Total	217	200	173	195	176	187	210	234	233	227
C NOMET	213	190	166	187	167	176	193	221	220	215
C OMET	298	355	286	309	304	350	445	405	407	375
Standard deviation	904	774	561	881	526	547	593	597	627	579
			<u>18</u>	THROUGH 59	YEARS					
E Total	798	781	742	825	800	852	881	994	983	1038
E NOMHT	639	565	558	614	597	603	645	717	729	775
R OMET	1192	1234	1136	1252	1196	1292	1352	1459	1413	1489
E TPMET	889	1073	910	1059	1134	1221	1027	1610	1248	1345
B Both	1705	1958	1588	1685	1475	1770	1649	1840	1786	1842
C Total	825	855	679	819	753	852	895	969	936	962
C NOMET	681	685	520	631	567	662	732	799	751	800
C OMET	1261	1338	1109	1308	1225	1312	1273	1350	1330	1306
Standard deviation	2414	2230	2041	2563	2302	2001	2104	2498	2184	2305

Table 4.9.B.8 -- Continued

Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status and **age** in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6(</u>) YEARS AND	<u>OLDER</u>					
E Total	690	760	773	977	956	1241	1324	1457	1396	1716
E NOMHT	658	740	779	974	962	1241	1317	1461	1378	1718
E OMET	720	729	730	1091	933	1257	1357	1498	1801	1498
E TFMET	2422	1960	588	742	641	1168	1634	1179	900	2826
E Both			885	953	1122	1290	1087	1352	815	809
Nomet										
THMO										
						3290	3551	3637	3719	4615

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 $Table\ 4.9.B.9$ Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status and gender.

Total					Calendar	r period			'	
status treatment	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>Pemal</u>	<u> E</u>					
B Total	496	507	488	564	570	630	655	758	756	818
E NOMET	412	402	399	467	470	513	543	624	622	703
E OMHT	924	997	924	1020	985	1094	1126	1268	1302	1246
e temet	992	1026	838	942	1032	1064	931	1318	1000	1248
B Both	1714	1899	1439	1506	1515	1719	1634	1876	1809	1694
C Total	496	546	457	546	535	624	714	773	778	833
C NOMET	426	474	379	470	443	541	623	681	676	739
C OMET	973	1007	935	977	1050	1078	1182	1243	1276	1287
Standard deviation	1669	1944	1537	2054	1980	1839	1948	2245	2172	2347
				MALE						
E Total	445	424	408	460	415	490	551	570	578	675
R NOMHT	348	317	310	347	310	366	422	431	441	516
R OMHT	1010	961	909	1009	947	1067	1172	1176	1148	1304
E TFMHT	741	825	463	605	632	822	931	1273	1051	1404
B Both	1495	1794	1666	1845	1188	1628	1397	1449	1398	1799
C Total	498	455	391	490	451	538	575	646	599	608
C NOMET	407	332	306	363	355	430	487	549	509	535
C OMET	1103	1234	903	1230	984	1114	1033	1124	1020	948
Standard deviation	1970	1649	1648	2042	1489	1715	1925	2008	1928	2460

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Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO PAMILIES	WITH DEPE	NDENT C	HILDREN				
B Total	327	317	297	319	310	333	355	377	368	378
E NOMHT	293	274	257	273	257	270	295	300	294	315
E OMET	647	682	616	622	637	742	783	a49	900	818
E TPMHT	506	543	533	719	781	786	573	993	592	594
B Both	1151	1244	1088	1150	1085	1041	1071	1209	1057	1035
C Total	346	340	295	330	308	334	373	394	390	400
C NOMET	315	305	261	293	261	207	322	340	335	340
C OMMT	684	696	626	681	730	733	786	022	027	881
Standard deviation	1219	1048	0803	1211	865	898	1050	1157	961	949
			AGED,	BLIND, AN	ID DISABLI	<u>ED</u>				
B Total	830	922	042	973	904	984	1048	1199	1190	1447
E Nomet	654	745	713	a32	734	851	919	1118	1084	1351
E OMET	1223	1268	1183	1330	1305	1179	1281	1355	1343	1502
E TFMHT	2377	2432	1235	1448	1702	1819	2172	1825	2222	3230
E Both	1847	2145	1564	1747	1781	2139	1660	1581	1828	2006
C Total	909	905	757	1061	863	1063	1149	1293	1176	1261
C NOMHT	746	762	605	864	739	959	1051	1218	1096	1259
C ONET	1457	1385	1246	1671	1241	1370	1430	1506	1391	1266
Standard deviation	2933	3072	2696	3334	2627	2745	2863	3226	3147	3837

Table 4.9.B.10 -- Continued

Medicaid beginning population still eligible in each period: TOTAL REIMBURSEMENTS, by mental health treatment status and Medicaid eligibility group.

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Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	IERAL ASSIS	STANCE					
B Total	1002	949	871	928	852	1036	1041	1226	1186	1236
E NOMHT	721	558	525	541	567	514	520	619	643	699
E OMHT	1325	1345	1254	1410	1279	1726	1802	1824	1824	1848
E TYMET	1090	1269	1109	833	928	1135	1063	2307	1297	1381
B Both	1881	2233	1748	1863	1317	1967	2117	2625	2307	2343
C Total	920	976	777	799	888	943	963	1019	1053	1039
C NOMET	699	560	514	543	547	550	729	792	863	766
C OMHT	1306	1713	1232	1238	1487	1630	1384	1433	1396	1492
Standard deviation	2438	2298	2153	2300	2295	1977	2083	2451	2250	2237
				OTHE	<u>R</u>					
E Total	582	524	647	963	1038	1323	1348	1582	1706	1816
E NOMET	555	485	604	920	1048	1338	1379	1593	1815	1914
E OMHT	742	740	857	1229	937	1240	1224	1626	1229	1260
E TFMET	1149	959	779	743	297	809	859	797	949	4996
B Both	2259	2111	3162	2919	2740	1869	772	1131	711	850
C Total	600	748	607	740	995	1387	1625	1748	1912	2216
C NOMET	583	758	598	762	1033	1501	1690	1800	1958	2360
C OMET	751	670	661	605	753	664	1262	1485	1709	1543
Standard deviation	2297	2981	2256	3365	3837	3506	3654	3897	4095	4535

Table **4.9.B.11**Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMRURSEMERTS in different mental health treatment status groups (only probability levels of **.10** or less reported).

0					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E vs C		.004					,022	.026	.059	
E NOMET VS C NOMET	.065	,001	.070				.004	.004	,025	
E OMHT VS COMHT		,091								
C NOMET VS C OMET	.000	,000	,000	.000	,000	,000	,000	,000	,000	.000
E NOMET VS E OMET	,000	.000	.000	.000	.000	.000	.000	.000	.000	.000
ENOMET VS E TFBBT	.000	.000	.000	,001	.000	.000	,000	,000	.000	,000
E NOMET vs E Both	.000	.000	.000	.000	,000	.000	,000	,000	,000	.000
ROMET VS R TFBBT									,055	
ROMET vs E Both	.000	,000	.000	.000	.000	,000	,000	.001	.001	,000
ETIMET vs E Both	,000	,000	.000	.000	,001	.000	,000	.016	.000	,010

Table 4.9.B.12

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by diagnosis (only probability levels of .10 or less reported).

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6					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
-	<u>N</u>	EITHER CE	RORIC ME	DICAL DIAC	NOSIS OR	SUBSTANCE	ABUSE			
E vs C		,022								
E NOMET VS C NOMET		,033	.090							
E OMET vs C OMET				.028						
C NOMET vs C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
ENOMET VS E TEMET	.029	.086	.033	.070	,026	,028	,015		.075	
ENOMET VS & Both	.000	,000	,000	,000	.000	.000	,000	.000	,000	.001
E OMET VS E TEMET	,002	.009	.001		.028	.011	,000	.000	.002	.000
EONET VS E Both	.036	,001	.000	,000	.005	,044			,042	.098
ETFMET VS E Both	,001	,000	,000	,000	.001	,003	,000	.000	,001	.000
			<u>CERON</u>	IC MEDICAL	_ DIAGNOSE	<u>es</u>				
R vs C										
E NOMET VS C NOMET		,025					.034	.012	.067	
E OMET vs C OMET										
C NOMET VS C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	,000	.000	.000
E NOMET VS E TEMET	.000	.000	.009	.045	,000	,001	.001	,007	.016	,005
ENOMET VS B Both	,000	.000	,000	,000	.000	.000	,000	.000	.000	.000
R OMET VS E TYMET										
EOMET VS E Both	.000	.000	,052	.008		.007	,009	,029		.024
ETFEET VS E Both	,003	.011	.040	.005		.019	.034		.036	

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Table 4.9.B.12 -- Continued

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by diagnosis (only probability levels of .10 or less reported).

C					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			Ç	SUBSTANCE	ABUSE					
E vs C								.073		
B NOMET VS C NOMET		,090								
E OMHT VS C OMHT										
C Nomet vs C Omet	.028									
E NOMET VS E OMET	,004							.035		
E NOMET VS E TEMET		.087	.090		.048	.000	,016	.009	,001	
E NOMET VS E Both	,000	,000	.003	.083		.079	.004	.047		
E OMET VS E TEMET		.005	.001	.002	,006	.000	,000	,000	.000	
E OMET VS E Both	,013	.001	.003	.042		.003	.015			
ETFMET VS E Both	.008	,000	.000	.000	.003	.000	.000	.000	.000	

Table 4.9.B.13

Medicaid current period population: **Significance** levels of tests of equality of mean TOTAL **REIMBURSEMENTS** in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Le</u>	SS THAN 1	8 YEARS					
E vs c			.094							
ENOMET vs C Nomet			.098							
E OMIT vs c OMIT		,051								
C NOMET vs C OMET	,001	.002		,033	,001	.000	.001	,001	.014	.000
E NOMET VS E OMET	.000	.000	.000	,003	.000	.000	.000	,000	.000	.000
E NOMET vs E TEMET	.018				,046	,036				
E NOMET vs E Both		,089	.098							
E OMET vs E TEMET		,012							.001	.005
E ONET vs E Both					.061			,016		
E TIMET vs & Both		.091								
			18	THROUGH	59 YEARS					
E vs c		,013								
E NOMET vs C NOMET		.001						,093		
E OMET VS C OMET										
C NOMET vs C OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
R NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E TEMET	.004	.000	.016	.037	.001	.001	.009	.008	.004	.020
E NOMET vs E Both	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E OMET VS E TEMET	.001		.017				.079			
BOMET vs B Both	.000	.000	.000	.000	.049	.000	.001	.043	.018	.011
ETFHET vs E Both	.000	.000	,000	.000	.060	.001	.000		.016	.041

Table 4.9.B.13 -- Continued

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

0					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6</u>	O YEARS AN	ND OLDER					
E vs C										
E NOMET VS C NOMET										
EOMHT VS COMNT										
C NOMET VS C OMET						.086				
E NOMET vs E OMET										
E Nomet vs E Trmet	,007	,026							.015	
ENOMET VS B Both	.057									
EOMET vs E TEMET	,010	.041							.042	
E OMET VS E Both										
ETFMET vs E Both										

Table 4.9.B.14

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by gender (only probability levels of .10 or less reported).

-					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAL	<u>E</u>					
E vs C		.083								
E NOMET VS C NOMET		.012					.045	.041		
E OMHT VS C OMHT										
C Nomet vs C Omet	.000	,000	,000	.000	,000	.000	,000	,000	.000	.000
E NOMET VS E OMET	.000	,000	,000	,000	.000	.000	.000	,000	.000	.000
E NOMET VS E TEMET	.000	,000	,001	,002	.000	.000	,001	,005	,002	,001
ENOMET vs E Both	.000	,000	,000	,000	.000	.000	.000	.000	.000	,000
E OMET VS E TEMET									,023	
E OMET VS E Both	.000	.000	.000	.000	.000	.000	.000	.005	.007	.023
ETEMET VS E Both	.000	.000	.007	,002	.017	,001	,000	• 041	.000	
				MALE	[
E vs C	,098	.021					.087	.059	.040	
E NOMET vs C NOMET	.065	.018					.041	.038	.039	
E OMET vs C OMET										
C NOMET vs C OMET	,000	.000	.000	,000	.000	.000	.000	.000	.000	.000
E NOMET vs E OMET	,000	.000	.000	.000	,000	.000	.000	,000	,000	.000
E NOMET vs ETFMET	.001	,002	.057	.063	,010	,005	,006	.020	.076	
E NOMET vs E Both	,000	,000	,000	,000	.000	,000	.000	,000	.000	.000
E OMET VS E TEMET	.031		.000	.000	.008					
EOMET vs E Both	.003	.002	.000	.001		,002	.007		.041	,004
ETFEET vs E Both	,000	.020	,000	.000	.002	,001	.022			,038

Table 4.9.B.15

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

~					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO PAMILIES	VIII DEPE	NDENT C	HILDREN				
E vs C		,048								
E NOMET vs C Nomet		,020								
B OMBT vs c OMBT				.056	.023					
C NOMET vs C OMET	.000	.000	.000	,000	,000	.000	.000	.000	.000	.000
E NOMET VS E OMET	.000	,000	.000	,000	,000	.000	.000	.000	.000	.000
E NOMET vs E TYMET	.000	,001	.003	,005	.000	.000	• 002	,023	.000	.000
E NOMET vs E Both	.000	,000	,000	,000	,000	.000	,000	,000	.000	.000
E OMET vs E TPMET	,017	.071					,092		.000	.003
E OMET vs E Both	,006	,000	,003	.000	.001	.047	,034	.070		
ETTMIT vs & Both	.001	,000	.002	,022	.072	,069	.004		.000	.001
			AGED,	BLIND, AL	ND DISABLE	<u>ED</u>				
I vs C										.065
E NOMET vs C NOMET										
E ONET vs C ONET						.078				
C NOMET vs C OMET	.003	.008	.002	.006	• 018	.012				
E NOMET VS E OHHT	.000	.000	.001	.001	,000	.024	.008	.011		
B NOMET vs B TIMET	.000	.001	.076		.017	.013	.028		.032	.020
E NOMET vs E Both	.000	,000	.000	.000	,000	.000	,000	.009	,003	.008
E OMET vs E TEMET	,010	,032				.061			,075	.027
BONHT vs B Both	.007	.006	.071	.064		.002	.006		.033	,011
ETPMET vs & Both										

Table 4.9.B.15 -- Continued

Medicaid current period population: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

C					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>G</u>]	ENERAL	ASSISTANCE					
E vs C										
B NOMET vs C NOMET							.024	.025	.004	
E OMHT VS C OMHT		.049								
C NOMET vs C OMET	.000	.000	.000	.000	.000	.000	,000	,000	,000	.000
E NOMET vs E OMET	.000	.000	.000	.000	.000	.000	,000	,000	,000	.000
E NOMET VS E TYMET	.040	.008	.008		,081	,021	,029	.010	,040	,063
E NOMET vs E Both	.000	.000	.000	.000	.000	.000	,000	,000	,000	.000
E OMET VS E TEMET				.001		.034				.044
BOMET vs B Both	.002	,001	.007	.011		.016	,043		.071	.054
E TIMET vs E Both	.001		,028	.000		.001			.041	.003
				OTHE	<u> </u>					
E vs C		.020					,011		.003	.006
R NOMET vs C Nomet		.019	,084				,014		.009	,010
E OMET vs C OMET			.094							
C NOMET VS C OMET						,050				
B NOMET vs BOMET			,018							.080
B NOMET VS B TIMET	.093	,079			,064					
R NOMET vs R Both	.010	.072	.059	,030					.073	.003
E OMET VS E TEMET										
E OMET VS E Both	,029	,088								.068
R TIMET vs R Both			.081	.069	,084					,052

 $\begin{tabular}{lllll} \hline \textbf{REIMBURSEMENTS} f equiality \begin{tabular}{llll} \hline \textbf{mean TOTAL} & f & f & e & r & e & n & t \\ \hline mental & health & treatment & status & groups & (only & probability & levels & of $.10$ or less reported). \\ \hline \end{tabular}$

					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
B vs C		.085					.093			
E NOMET VS C NOMET	.065	.017				.075	.010	.012	.085	
E OMHT VS C OMHT										
C NoBBT vs C OMM	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
ENOMET QS EOMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET QS E TEMET	.000	.000	.000	,001	.000	.000	.001	,003	,005	,002
E NOMET vs E Both	.000	.000	,000	,000	,000	,000	.000	● 000	.000	.000
E OMET VS E TEMET			.092				.095			
EOMET VS E Both	,000	.000	.000	.000	.000	.000	,001	,004	.003	.004
ETFEET VS E Both	,000	.000	,000	.000	.003	.001	,000		,002	,088

Table 4.9.B.17

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by diagnosis (only probability levels of .10 or less reported).

					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	N <u>I</u>	RITHER CHRO	ONIC MEDICA	L DIAGNOS	SIS OR SU	BSTANCE	ABUSE_			
E vs C						.054				
E NOMET VS C NOMET					.078	,043				
E OMET vs c OMET										
C NOMET vs C OMET	.000	.000	.000	.000	,000	,000	.000	.000	.000	.000
E NOMET vs E OMET	.000	.000	.000	.000	.000	,000	.000	.000	.000	.000
B NOMET VS E TEMET	.029		,033		.061	.064				
R NOMET vs R Both	.000	.000	,000	.000	.000	.003	.000	.000	.001	.001
E OMET VS E TYMET	,002	.012	.038				.000	,004	.004	.000
ROMET vs E Both	,036	,001	,001	.009	.00a					
ETPMET vs E Both	,001	.000	,000	,006	.002	,036	.000	,003	,009	,003
			<u>CHRON</u>	NIC MEDICAL	DIAGNOSE	<u>S</u>				
E vs c			,087							
E NOMET vs C NOMET						.079	,028	,031		
E OMET vs C OMET										
C NOMET vs C OMET	,000	.000	.000	.000	.000	.000	.000	,000	,000	.000
E NOMET VS E OMET	,000	.000	.000	.000	.000	.000	,000	,000	,000	,000
E NOMET VS E TEMET	,000	.000	.013	,045	,004	.006	,009	,016	,056	.023
ENOMET vs E Both	.000	.000	.000	.000	,000	.000	.000	.000	.000	.000
${\bf E}$ OMHT vs ${\bf E}$ TFMHT			.051							
EOMET vs E Both	,000	.001		,028	.072	,015		.044		
E TIMET VS & Both	,003	,006	.004	,019		,045	.027		.085	

Table 4.9.B.17 -- Continued

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMEWRSEMENTS in different mental health treatment status groups, by diagnosis (only probability levels of .10 or less reported).

0					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>(</u>	SUBSTANC	E ABUSE					
E vs c										.001
E NOMET VS C NOMET										
E OMHT VS C OMHT										.002
C NOMET vs C OMET	.028		.067							
E NOMET VS E OMET	,004	.049								.087
E NOMET VS E TEMET				,025		,015			.035	
E NOMET vs E Both	,000	.000	,030			.022	,041	,045		.081
E OMET VS ETFMET		.007	.009	,000	.002	.000	,001	.000	.000	
ROMET vs R Both	.013	,000	.008			.051				
E TIMET VS E Both	,008	,000	,000	.000	,005	,001	,001	,001	,000	

Table 4.9.B.18

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL **REIMBURSEMENTS** in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

0					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>LE</u>	SS THAN 1	8 TEARS					
E vs C									,063	
E NOMET VS C NOMET								,099	.047	
E ONET VS C OMET										
C NOMIT VS C OMIT	.001	.000	.000	.000	.000	.000	.000	,000	,004	.000
R NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	● 000	,000	.000
B NOMET VS B TEMET	.018			.066	.059	.011	,020		,033	
K NOMET VS K Both		.098	.045		.004	,062				.080
E OMET VS E TEMET		.008							,031	.011
E OMET vs E Both										
E TIMET VS E Both										
			<u>18]</u>	THROUGH :	59 TEARS					
E vs C		.076	,065							
E NOMET VS C NOMET		.004								
R OMET vs C OMET										.084
C NOMET VS C OMET	.000	.000	.000	.000	.000	,000	,000	,000	.000	.000
E NOMHT vs E OMET	.000	.000	.000	.000	.000	,000	.000	.000	.000	.000
E NOMET VS E TEMET	,004	.001	.007	.020	.003	,002	.015	.013	.024	.012
E NOMET VS E Both	,000	,000	.000	,000	.000	.000	.000	,000	.000	,000
E OMET VS E TEMET	,001						,042			
E OMET VS E Both	,000	.000	,004	.007	.023	.003	,041	.053	.018	,051
E TEMET VS E Both	,000	.000	.000	.009	,097	,025	,002		.048	.069

Table 4.9.B.18 -- Continued

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by age in 1983 (only probability levels of .10 or less reported).

					Calenda	r period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6</u>	0 YEARS	AND OLDER			_		
E vs c										
E NOMET VS C NOMET										
E OMET VS C OMET										
C NOMET vs C OMET										
E NOMET vs E OMET										
B NOMET VS E TEMET	.007	,018			.032					
E NOMET vs E Both	.057								.027	,000
E OMET VS E TEMET	.010	,020							,046	
EOMET vs E Both									.017	,052
ETFMET vs E Both		,084								

Table 4.9.B.19

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by gender (only probability levels of .10 or less reported).

					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAL	<u>E</u>					
E vs C							.090			
R NOMET vs C NOMET		.023					.029			
E OMHT VS C OMHT										
C NOMET VS C OMET	.000	,000	.000	,000	.000	.000	.000	.000	.000	.000
E NOMET vs E OMET	.000	,000	.000	.000	.000	.000	.000	.000	.000	.000
E NOMET VS E TEMET	.000	,000	.000	.007	,001	,001	.009	,025	.014	,006
E NOMET vs E Both	.000	● 000	.000	.000	.000	,000	.000	,000	.000	,000
E OMET VS E TEMET									.072	
E OMET VS E Both	.000	,000	.000	.001	,000	,001	,002	.011	.009	,020
E TMMT vs E Both	.000	.000	• 001	.010	.019	.007	.001		.001	.094
				MALI	<u>[</u>					
E vs C	,098									
E NOMET vs C NOMET	.065					.093		,021		
E OMET VS C OMET		.077								.010
C NOMET vs C OMET	.000	.000	.000	.000	.000	.000	.000	,000	,000	.000
E NOMET VS E OMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
ENOMET VS E TIMET	.001	,001	.057	,040	.023	.017	,016	.032		
E NOMET vs E Both	.000	.000	,000	,000	,000	,000	,000	.000	,000	.000
E OMET VS E TEMET	.031		.000	.007	.041					
E ONIT VS E Both	,003	.002	,006	.012		,029				
ETFMIT vs E Both	,000	,002	,000	,000	.007	.009				

Table 4.9.B.20

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

0					Calendar	period				
Groups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAMILIES	VITE DEPE	NDENT C	BILDRBN				
E vs C										
B NOMET VS C NOMET		,029						.011	,025	
B OMHT vs C OMHT										
C NOMET VS C OMET	.000	,000	,000	.000	.000	.000	.000	,000	,000	.000
R NOMET VS R OMET	.000	.000	,000	.000	.000	,000	,000	,000	.000	.000
ENOMET VS E TEMET	.000	.001	.004	,010	.000	.002	.005	.038	,000	.000
E NOMET vs E Both	.000	,000	.000	,000	,000	,000	,000	,000	,000	.000
ROMET VS R TEMET	.017						.049		.001	,020
E OMET vs E Both	,006	,000	,004	,000	.002		.077	,020		
E TEMET VS E Both	.001	,000	,003	.053			.005		,002	,004
			AGED,	BLIND, AN	D DISABLE	<u>ED</u>				
E vs C										
B NOMET VS C NOMET										
B ONET vs C ONET										
C NOMET VS C OMET	,003	,002	,000	,001	,000	,010	.023		.082	
E NOMET VS E OMET	,000	.000	.003	.001	,000	.002	.003	.068	.049	
E NOMET VS E TEMET	.000	,002		• 077	.039	.039	.019	.065	.097	.040
E NOMET vs E Both	.000	,000	.000	.001	.000	.000	,004	.030	.007	.028
E OMET VS E TEMET	.010	,033		. •			.098			.059
E OMET vs E Both	.007	,009			.072	.005			,093	
ETPHET vs E Both										

Table 4.9.B.20 -- Continued

Medicaid beginning population still eligible in each period: Significance levels of tests of equality of mean TOTAL REIMBURSEMENTS in different mental health treatment status groups, by Medicaid eligibility group (only probability levels of .10 or less reported).

a					Calendar	period				
Croups compared	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GEN	RAL ASSI	STANCE					
E vs C								.073		
B NOMET VS C NOMET							.081			
BOMET VS C OMET		.074					,036	.055	.045	
C NOMET vs C OMET	.000	,000	.000	.000	.000	.000	,000	.000	.007	.000
E NOMET vs E OMET	.000	,000	.000	.000	.000	.000	,000	,000	,000	.000
E NOMET vs E TIMET	,040	.018	,024	.089		.009	,046	,026		.054
E NOMET vs E Both	.000	.000	,000	.000	.000	.000	.000	.000	.000	,000
E OMET vs E TEMET				.005		,024	,016			
R OMET vs R Both	,002	.003	.068							
E TIMET vs E Both	,001	.017	.072	.001		,010	,006			,065
				OTHE	<u>R</u>					
B vs c				.073						
B NOMET VS C NOMET		.091								
ROMET vs C OMET				.023		,061				
C NOMET vs C OMBT						.001				
ENOMET VS E OMET		.076							.057	,036
R NOMET VS R TIMET	.093				.000			.099		
E NOMET vs E Both	.010	.093		.073			,034		.000	.003
E OMET VS E TYMET					.002					
B OMET vs E Both	.029								.097	
K TIMET vs K Both					.096					

Table **4.9.C.1**Medicaid current period population: OFFICE VISITS, by mental health treatment status.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
P Total	0.00	0.00	0.50	0.07	0.00	0 75	0.00	0.01	0.57	0.07
R Total	2.63	2.02	2.56	2.97	2.63	2.75	2.69	3.01	2.57	2.67
B NOMHT	2.33	2.55	2.31	2.70	2.36	2.40	2.42	2.70	2.25	2.34
E OMET	4.03	3.97	3.66	4.07	3.72	3.76	3.82	4.27	3.87	3.96
E TFMHT	5.37	5.07	4.87	5.12	4.66	4.92	4.70	5.06	4.59	4.64
B Both	6.83	6.99	6.11	7.15	6.00	6.24	6.19	6.68	5.81	5.36
C Total	2.70	2.03	2.65	2.99	2.65	2.70	2.73	3.04	2.55	2.64
C NOMET	2.48	2.63	2.46	2.77	2.43	2.56	2.53	2.85	2.33	2.42
C OMET	4.17	4.18	3.91	4.40	4.02	4.14	3.91	4.14	3.75	3.08
Standard deviation	4.10	4.11	4.02	4.39	4.07	4.13	4.16	4.54	4.14	4.27

Table 4.9.C.2 Medicaid current period population: OFFICE VISITS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	N	BITHER CHRON	IC MEDIC	AL DIAGNO	SIS OR SU	BSTANC	E ABUSB			
B Total	1.88	2.06	1.85	2.19	1.91	1.99	1.94	2.19	1.77	1.83
E NOMET	1.81	2.00	1.79	2.13	1.87	1.94	1.89	2.16	1.72	1.77
E OMET	2.44	2.50	2.22	2.54	2.17	2.32	2.29	2.39	2.10	2.22
B TPMHT	2.99	2.68	2.81	2.90	2.58	2.69	2.68	2.64	2.62	2.48
8 Both	3.70	4.29	3.46	4.32	3.18	3.38	3.34	3.54	2.47	3.03
C Total	1.92	2.07	1.92	2.20	1.93	2.02	1.97	2.25	1.82	1.90
C NOMET	1.86	2.01	1.87	2.17	1.88	1.97	1.93	2.23	1.77	1.86
C OMET	2.51	2.72	2.43	2.53	2.51	2.56	2.40	2.47	2.23	2.25
Standard deviation	2.75	2.95	2.80	3.07	2.80	2.90	2.85	3.19	2.72	2.04
			<u>CHRON</u>	VIC MEDICAL	DIAGNOSE	<u>ES</u>				
E Total	4.03	4.22	3.90	4.42	3.89	4.10	4.01	4.35	3.74	3.89
E NOMET	3.49	3.72	3.40	3.89	3.36	3.58	3.49	3.74	3.16	3.32
E OMET	5.74	5.71	5.41	5.99	5.52	5.62	5.69	6.30	5.70	5.71
E TFMET	6.80	6.57	6.28	6.77	6.25	6.59	6.28	6.77	5.08	6.05
B Both	a.71	a.74	8.04	9.09	7.07	8.09	7.76	8.72	7.40	8.07
C Total	4.09	4.14	3.91	4.30	3.02	4.02	3.97	4.24	3.60	3.72
C NOMET	3.73	3.84	3.60	3.91	3.47	3.64	3.62	3.90	3.23	3.29
C OMET	3.89	5.60	5.41	6.19	5.49	5.84	5.64	5.86	5.30	5.61
Standard deviation	5.41	5.30	5.29	5.77	5.35	5.42	5.50	5.86	5.40	5.53

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Table 4.9.C.2 -- Continued Medicaid current period population: OFFICE VISITS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>.</u>	SUBSTANC	E ABUSE					
E Total	3.65	3.42	2.67	3.02	2.99	2.90	2.92	3.34	3.40	3.50
E NOMET	2.73	3.15	2.27	2.53	2.40	2.98	2.43	2.80	2.96	2.62
E OMET	3.00	3.39	2.70	2.93	2.95	2.59	2.77	3.43	3.24	3.45
E TFMHT	3.27	3.50	2.29	2.14	3.13	3.31	2.00	3.00	4.10	4.00
B Both	4.42	4.41	3.51	4.98	4.38	4.92	5.61	4.23	5.39	5.88
C Total	3.52	3.97	3.37	3.81	3.50	3.34	3.00	3.37	2.07	2.73
C NOMET	3.09	3.96	3.31	3.21	2.90	3.10	2.83	3.13	2.36	2.73
C OMET	3.67	3.98	3.39	3.99	3.80	3.42	3.05	3.45	3.03	2.73
Standard deviation	6.24	5.03	5.18	5.44	5.39	4.66	4.46	5.23	4.96	5.12

Table 4.9.C.3

Medicaid current period population: OFFICE VISITS, by mental health treatment status **and** age in 1983.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LES	SS TEAR 18	YBARS					
E Total	2.39	2.60	2.34	2.84	2.44	2.56	2.47	2.88	2.30	2.40
E NOMHT	2.36	2.58	2.32	2.82	2.41	2.53	2.45	2.06	2.26	2.37
B OMET	2.75	2.70	2.51	3.00	2.64	2.74	2.66	3.14	2.77	2.72
e temet	4.29	3.80	4.13	4.70	3.99	3.96	3.68	3.61	3.27	3.20
B Both	4.60	5.27	3.65	4.10	2.93	4.04	2.72	3.24	1.78	3.00
C Total	2.46	2.61	2.45	2.91	2.49	2.61	2.52	2.95	2.26	2.39
C NOMET	2.44	2.59	2.43	2.90	2.47	2.50	2.50	2.93	2.23	2.36
C OMET	2.07	3.05	2.72	3.09	2.82	3.09	2.95	3.22	2.73	2.07
Standard deviation	3.15	3.35	3.16	3.60	3.27	3.35	3.21	3.69	3.08	3.16
			<u>18</u>	THROUG	H 59 YEARS					
B Total	3.29	3.48	3.24	3.63	3.35	3.52	3.54	3.09	3.62	3.78
E Nomet	2.66	2.91	2.70	3.04	2.80	2.98	2.99	3.24	3.04	3.18
e omet	4.59	4.49	4.18	4.56	4.21	4.26	4.38	4.08	4.47	4.59
E TFMHT	5.76	5.55	5.38	5.49	5.20	5.57	5.51	6.02	5.48	5.72
B Both	6.09	7.06	6.25	7.40	6.22	6.44	6.47	7.01	6.15	6.75
C Total	3.36	3.50	3.33	3.63	3.35	3.56	3.57	3.90	3.66	3.75
c Nomet	2.92	3.12	2.95	3.14	2.91	3.14	3.23	3.59	3.38	3.45
C OMET	4.70	4.66	4.42	4.96	4.53	4.64	4.38	4.64	4.29	4.43
Standard deviation	5.16	4.99	5.01	5.40	5.07	5.14	5.29	5.67	5.38	5.54

 $Table\ 4.9.C.3\ --\ Continued$ Medicaid current period population: OFFICE VISITS, by mental health treatment status and age in 1983.

				Calenda	r period				
83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>60</u>	O YEARS AF	RD OLDER					
1.29	1.34	1.12	1.12	0.92	0.90	0.78	0.67	0.50	0.38
1.19	1.23	1.06	1.05	0.85	0.85	0.73	0.63	0.48	0.37
1.62	1.69	1.34	1.61	1.39	1.05	0.82	0.79	0.37	0.29
4.83	4.15	2.51	3.02	2.22	2.49	2.15	1.67	1.43	0.84
7.75	7.22	4.89	3.56	4.28	3.82	3.35	3.06	3.47	1.86
1.43	1.44	1.21	1.06	0.94	0.91	0.86	0.76	0.45	0.37
1.37	1.38	1.17	1.02	0.90	0.89	0.87	0.77	0.46	0.38
2.10	2.10	1.65	1.57	1.53	1.18	0.80	0.59	0.21	0.21
3.35	3.41	3.12	3.06	2.75	2.76	2.83	2.54	2.12	2.15
	1.29 1.19 1.62 4.83 7.75 1.43 1.37 2.10	1.29 1.34 1.19 1.23 1.62 1.69 4.83 4.15 7.75 7.22 1.43 1.44 1.37 1.38 2.10 2.10	66 1.29 1.34 1.12 1.19 1.23 1.06 1.62 1.69 1.34 4.83 4.15 2.51 7.75 7.22 4.89 1.43 1.44 1.21 1.37 1.38 1.17 2.10 2.10 1.65	60 YEARS AF 1.29 1.34 1.12 1.12 1.19 1.23 1.06 1.05 1.62 1.69 1.34 1.61 4.83 4.15 2.51 3.02 7.75 7.22 4.89 3.56 1.43 1.44 1.21 1.06 1.37 1.38 1.17 1.02 2.10 2.10 1.65 1.57	83/2 84/1 84/2 85/1 85/2 60 YBARS ARD OLDER 1.29 1.34 1.12 1.12 0.92 1.19 1.23 1.06 1.05 0.85 1.62 1.69 1.34 1.61 1.39 4.83 4.15 2.51 3.02 2.22 7.75 7.22 4.89 3.56 4.28 1.43 1.44 1.21 1.06 0.94 1.37 1.38 1.17 1.02 0.90 2.10 2.10 1.65 1.57 1.53	60 YEARS ARD OLDER 1.29 1.34 1.12 1.12 0.92 0.90 1.19 1.23 1.06 1.05 0.85 0.85 1.62 1.69 1.34 1.61 1.39 1.05 4.83 4.15 2.51 3.02 2.22 2.49 7.75 7.22 4.89 3.56 4.28 3.82 1.43 1.44 1.21 1.06 0.94 0.91 1.37 1.38 1.17 1.02 0.90 0.89 2.10 2.10 1.65 1.57 1.53 1.18	83/2 84/1 84/2 85/1 85/2 86/1 86/2 60 YBARS ARD OLDER 1.29 1.34 1.12 1.12 0.92 0.90 0.78 1.19 1.23 1.06 1.05 0.85 0.85 0.73 1.62 1.69 1.34 1.61 1.39 1.05 0.82 4.83 4.15 2.51 3.02 2.22 2.49 2.15 7.75 7.22 4.89 3.56 4.28 3.82 3.35 1.43 1.44 1.21 1.06 0.94 0.91 0.86 1.37 1.38 1.17 1.02 0.90 0.89 0.87 2.10 2.10 1.65 1.57 1.53 1.18 0.80	83/2 84/1 84/2 85/1 85/2 86/1 86/2 87/1 60 YBARS ARD OLDER 1.29 1.34 1.12 1.12 0.92 0.90 0.78 0.67 1.19 1.23 1.06 1.05 0.85 0.85 0.73 0.63 1.62 1.69 1.34 1.61 1.39 1.05 0.82 0.79 4.83 4.15 2.51 3.02 2.22 2.49 2.15 1.67 7.75 7.22 4.89 3.56 4.28 3.82 3.35 3.06 1.43 1.44 1.21 1.06 0.94 0.91 0.86 0.76 1.37 1.38 1.17 1.02 0.90 0.89 0.87 0.77 2.10 2.10 1.65 1.57 1.53 1.18 0.80 0.59	83/2 84/1 84/2 85/1 85/2 86/1 86/2 87/1 87/2 EO YEARS ARD OLDER 1.29 1.34 1.12 1.12 0.92 0.90 0.78 0.67 0.50 1.19 1.23 1.06 1.05 0.85 0.85 0.73 0.63 0.48 1.62 1.69 1.34 1.61 1.39 1.05 0.82 0.79 0.37 4.83 4.15 2.51 3.02 2.22 2.49 2.15 1.67 1.43 7.75 7.22 4.89 3.56 4.28 3.82 3.35 3.06 3.47 1.43 1.44 1.21 1.06 0.94 0.91 0.86 0.76 0.45 1.37 1.38 1.17 1.02 0.90 0.89 0.87 0.77 0.46 2.10 2.10 1.65 1.57 1.53 1.18 0.80 0.59 0.21

Table 4.9.C.4 Medicaid current period population: OFFICE VISITS, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAL	<u> </u>					
B Total	2.73	2.95	2.68	3.07	2.73	2.86	2.80	3.13	2.69	2.82
E NOMET	2.39	2.61	2.37	2.73	2.39	2.52	2.46	2.75	2.30	2.40
E OMHT	4.35	4.46	4.14	4.54	4.15	4.29	4.36	4.82	4.38	4.60
e trhet	5.45	5.26	4.90	5.39	4.79	5.16	4.83	5.14	4.74	4.89
B Both	7.58	7.77	6.93	7.72	6.86	6.99	6.99	7.77	6.40	7.02
C Total	2.78	2.92	2.75	3.07	2.68	2.85	2.82	3.12	2.69	2.79
C NOMET	2.53	2.68	2.52	2.81	2.43	2.60	2.59	2.90	2.42	2.49
C OMET	4.49	4.60	4.27	4.77	4.34	4.47	4.26	4.50	4.26	4.48
Standard deviation	4.19	4.19	4.08	4.42	4.10	4.19	4.22	4.56	4.23	4.43
				MALE	<u> </u>					
E Total	2.48	2.63	2.39	2.83	2.48	2.58	2.52	2.82	2.39	2.43
E NOMET	2.25	2.45	2.22	2.65	2.31	2.43	2.35	2.64	2.18	2.25
E OMHT	3.64	3.39	3.10	3.50	3.21	3.15	3.20	3.59	3.20	3.10
B TYMHT	5.14	4.51	4.79	4.37	4.30	4.21	4.65	4.84	4.11	3.82
B Both	5.32	5.53	4.63	6.07	4.42	4.76	4.65	4.70	4.75	5.11
C Total	2.58	2.69	2.51	2.87	2.61	2.68	2.59	2.92	2.34	2.42
C NOMHT	2.42	2.55	2.36	2.70	2.43	2.49	2.43	2.78	2.20	2.30
C OMBIT	3.70	3.58	3.41	3.89	3.60	3.73	3.46	3.67	3.04	3.02
Standard deviation	3.96	3.99	3.92	4.33	4.02	4.04	4.06	4.50	3.99	3.99

Table 4.9.C.5

Medicaid current period population: OFFICE VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO PAMILIES	WIII DEPE	ENDENT C	HILDREN				
B Total	2.55	2.77	2.54	2.99	2.63	2.77	2.73	3.08	2.60	2.71
E NOMHT	2.30	2.59	2.36	2.81	2.45	2.60	2.55	2.90	2.40	2.50
E OMET	4.03	4.23	3.92	4.37	3.95	4.14	4.16	4.53	4.20	4.35
E TFMHT	4.63	4.34	4.47	4.65	4.25	4.42	4.30	4.67	4.36	4.45
B Both	6.35	7.25	6.66	7.42	6.57	6.06	6.08	6.70	4.91	5.91
C Total	2.66	2.02	2.65	3.08	2.68	2.82	2.79	3.20	2.61	2.78
C NOMET	2.51	2.68	2.52	2.93	2.54	2.66	2.64	3.06	2.46	2.60
C OMET	4.29	4.29	4.06	4.73	4.22	4.47	4.42	4.70	4.15	4.57
Standard deviation	3.58	3.72	3.58	4.00	3.68	3.79	3.74	4.08	3.59	3.76
			AGED,	BLIND, AN	ID DISABLI	<u>ED</u>				
I Total	2.08	2.18	1.98	2.08	1.86	1.88	1.84	1.86	1.68	1.64
R NOMET	1.56	1.65	1.54	1.60	1.43	1.41	1.37	1.39	1.21	1.15
E OMET	3.01	3.13	2.80	2.96	2.68	2.75	2.69	2.67	2.45	2.47
E TFMHT	6.11	5.91	5.19	5.50	4.47	4.69	4.49	4.45	4.32	3.71
B Both	6.53	6.50	5.40	5.92	5.39	5.63	6.02	6.46	6.15	6.62
C Total	2.21	2.33	2.15	2.20	2.06	2.04	1.94	1.91	1.55	1.62
C NOMET	1.85	1.93	1.77	1.72	1.58	1.57	1.57	1.54	1.14	1.20
C OMHT	3.44	3.67	3.42	3.75	3.63	3.57	3.19	3.13	2.81	2.89
Standard deviation	4.58	4.52	4.31	4.52	4.25	4.31	4.31	4.52	4.24	4.45

Table 4.9.C.5 -- Continued Medicaid current period population: OFFICE VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GEN	BRAL ASSIS	STANCB				,	
B Total	4.53	4.42	4.14	4.71	4.27	4.49	4.53	5.17	4.54	4.75
E NOMET	3.74	4.00	3.72	4.18	3.74	4.06	4.01	4.35	3.78	4.12
E ONET	5.18	4.48	4.29	4.83	4.54	4.42	4.78	5.92	5.32	5.26
e tenet	8.10	7.74	6.77	7.35	7.49	7.63	7.79	8.40	6.62	7.09
B Both	7.26	7.03	6.16	7.84	6.16	7.08	6.68	7.09	6.41	6.80
C Total	4.27	4.26	4.20	4.49	4.07	4.45	4.37	4.94	4.72	4.50
C NOMET	3.91	4.01	4.03	4.23	3.90	4.36	4.49	5.04	4.69	4.52
C OMET	4.91	4.67	4.45	4.87	4.32	4.57	4.23	4.80	4.76	4.46
Standard deviation	6.48	5.68	6.05	6.41	5.88	5.80	6.22	6.88	6.34	6.30
				<u>OTHE</u>	<u>R</u>					
E Total	2.17	2.48	2.08	2.46	2.13	2.21	2.00	2.38	2.06	2.21
E NOMET	2.05	2.38	1.99	2.35	2.04	2.14	1.92	2.28	1.92	2.01
E OMET	2.80	2.98	2.43	2.87	2.64	2.49	2.34	2.90	2.68	3.22
E TYMET	5.29	4.68	4.21	4.30	3.55	4.74	4.72	4.33	4.31	6.13
B Both	10.15	8.18	6.55	7.48	4.05	3.44	3.47	3.42	4.50	2.67
C Total	2.26	2.35	2.06	2.20	2.02	2.09	2.08	2.23	1.97	1.95
C Nomet	2.14	2.23	1.97	2.09	1.87	2.01	1.98	2.09	1.89	1.80
C OMET	3.34	3.48	2.85	3.12	3.23	2.80	2.84	3.15	2.44	2.71
Standard deviation	3.65	3.99	3.68	3.88	3.62	3.53	3.41	3.81	3.79	3.86

 $Table\ 4.9.C.6$ Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
R Total	2.63	2.92	2.62	2.96	2.58	2.63	2.59	2.80	2.44	2.60
E NOMHT	2.33	2.61	2.30	2.59	2.21	2.27	2.19	2.36	2.02	2.17
E ONET	4.03	4.23	3.98	4.40	3.97	3.91	4.08	4.40	3.88	4.06
E TFMET	5.37	5.24	5.07	5.41	4.99	4.97	4.72	5.35	4.80	4.65
B Both	6.83	7.36	6.48	7.37	6.56	6.56	6.25	6.95	5.88	6.43
C Total	2.70	2.97	2.70	3.00	2.65	2.71	2.68	2.84	2.43	2.56
C NOMET	2.48	2.75	2.46	2.72	2.36	2.41	2.40	2.50	2.17	2.20
C OMET	4.17	4.34	4.16	4.61	4.25	4.30	4.15	4.16	3.64	3.88
Standard deviation	4.10	4.23	4.13	4.44	4.18	4.17	4.24	4.50	4.14	4.38

Table 4.9.C.7

Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status **and** diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	X	BITHER CHI	RONIC ME	ICAL DIAGNO	SIS OR SU	JBSTANC	E ABUSE			
E Total	1.88	2.11	1.85	2.10	1.77	1.80	1.74	1.85	1.56	1.63
E NOMET	1.81	2.04	1.77	2.01	1.71	1.72	1.65	1.77	1.47	1.53
R OMHT	2.44	2.58	2.34	2.67	2.19	2.28	2.24	2.20	2.07	2.21
B TFMHT	2.99	2.72	2.86	2.84	2.46	2.45	2.53	2.81	2.75	2.45
B Both	3.70	4.40	3.51	4.31	3.33	3.65	3.46	3.72	2.62	2.86
C Total	1.92	2.16	1.90	2.15	1.84	1.85	1.82	1.97	1.64	1.76
C NOMET	1.86	2.10	1.84	2.11	1.77	1.78	1.76	1.93	1.61	1.72
c onet	2.51	2.73	2.50	2.52	2.39	2.40	2.29	2.19	1.84	2.03
Standard deviation	2.75	2.96	2.75	2.90	2.65	2.66	2.62	2.76	2.49	2.70
			<u>CHRO</u>	NIC MEDICAL	DIAGNOSI	ES_				
B total	4.03	4.27	3.83	4.22	3.69	3.75	3.65	3.97	3.43	3.67
B NOMET	3.49	3.71	3.25	3.58	3.03	3.11	2.99	3.20	2.77	3.02
B OMHT	5.74	5.95	5.59	6.00	5.53	5.45	5.62	6.14	5.32	5.46
B TFMHT	6.80	6.71	6.35	6.99	6.50	6.43	5.95	6.80	5.85	5.86
B Both	8.71	9.04	8.22	9.06	8.20	8.02	7.39	8.42	6.91	7.49
C Total	4.09	4.19	3.81	4.08	3.60	3.71	3.65	3.80	3.28	3.42
C NOMET	3.73	3.88	3.46	3.64	3.19	3.24	3.21	.3.37	2.85	2.94
C OMBT	5.89	5.71	5.54	6.11	5.48	5.86	5.67	5.75	5.15	5.43
Standard deviation	5.47	5.38	5.32	5.69	5.37	5.34	5.43	5.72	5.24	5.51

 $\label{thm:continued} Table~4.9.C.7~--~Continued$ Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental~ health treatment status end diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			9	SUBSTANCE	ABUSE					
B Total	3.65	3.91	3.23	3.72	3.54	3.26	3.58	3.76	3.88	4.26
B Nomet	2.73	3.50	2.29	2.50	2.47	2.74	2.28	2.32	2.70	2.43
E OMHT	3.88	3.88	3.47	4.03	3.76	3.10	3.71	4.18	3.75	4.28
E TFMHT	3.27	3.78	2.91	2.44	3.40	3.00	1.50	3.75	5.00	4.00
K Both	4.42	5.18	4.15	5.33	4.92	5.36	6.60	5.44	7.06	8.75
C Total	3.52	4.46	4.05	4.79	4.63	3.75	3.52	3.75	2.92	3.03
C NOMET	3.09	4.31	3.52	3.41	2.88	3.01	2.66	3.08	2.22	2.53
C ONET	3.67	4.52	4.25	5.41	5.47	4.08	3.89	3.99	3.22	3.25
Standard deviation	6.24	6.38	6.03	6.54	6.33	5.08	5.26	5.78	5149	5.80

Table 4.9.C.8

Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>LE</u>	SS THAN 1	8 YEARS					
B Total	2.39	2.66	2.29	2.67	2.23	2.29	2.18	2.43	1.99	2.17
B NoMHT	2.36	2.63	2.25	2.62	2.16	2.22	2.11	2.31	1.93	2.11
E OMHT	2.15	2.90	2.13	3.24	2.90	3.01	2.85	3.17	2.67	2.78
E TPMHT	4.29	3.78	3.97	4.70	4.46	4.30	3.92	3.81	3.66	3.14
B Both	4.60	5.41	3.83	4.16	4.24	5.61	3.50	3.12	2.13	3.80
C Total	2.46	2.72	2.40	2.80	2.35	2.40	2.36	2.56	2.08	2.21
C NOMET	2.44	2.70	2.3'1	2.78	2.31	2.35	2.28	2.50	2.03	2.17
C OMET	2.87	3.14	2.90	3.12	2.92	3.15	3.33	3.41	2.67	2.02
Standard deviation	3.15	3.38	3.05	3.36	3.07	3.07	2.95	3.20	2.02	3.07
			<u>18</u>	THROUGH 5	59 years					
B Total	3.29	3.12	3.53	3.94	3.61	3.70	3.81	4.08	3.12	3.92
E NOMET	2.66	3.06	2.08	3.22	2.95	3.08	3.14	3.20	3.06	3.22
R OWEL	4.59	4.87	4.61	5.03	4.56	4.40	4.79	5.13	4.56	4.78
E TFMHT	5.76	5.76	5.73	5.95	5.51	5.51	5.36	6.40	5.69	5.81
B Both	6.89	1.41	6.70	7.69	6.80	6.76	6.56	7.36	6.20	6.81
C Total	3.36	3.70	3.60	3.93	3.62	3.78	3.81	4.01	3.64	3.84
C NOMET	2.92	3.30	3.17	3.38	3.11	3.28	3.40	3.68	3.35	3.50
C OMET	4.70	4.91	4.78	5.36	4.92	4.91	4.15	4.14	4.21	4.55
Standard deviation	5.16	5.19	5.30	5.66	5.39	5.35	5.54	5.05	5.41	5.70

Table 4.9.C.8 -- Continued Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status and age in 1983.

Hental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	D OLDER					
B Total	1.29	1.32	1.04	0.96	0.74	0.66	0.45	0.38	0.30	0.22
R Nomet	1.19	1.20	0.98	0.88	0.66	0.59	0.40	0.33	0.27	0.22
R OMET	1.62	1.63	1.29	1.39	1.19	0.82	0.56	0.48	0.27	0.12
B TPMHT	4.83	4.69	2.56	3.00	2.38	2.68	1.97	1.37	1.07	0.32
8 Both	7.75	6.88	3.81	2.38	3.44	2.80	2.40	2.20	2.92	1.08
C Total	1.43	1.40	1.13	0.96	0.82	0.71	0.65	0.57	0.32	0.23
c Nomet	1.37	1.36	1.10	0.93	0.77	0.69	0.66	0.58	0.33	0.23
C OMHT	2.10	1.98	1.46	1.38	1.30	0.94	0.52	0.45	0.23	0.21
Standard deviation	3.35	3.44	3.04	2.91	2.60	2.49	2.19	1.97	1.70	1.51

 $Table\ 4.9.C.9$ Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status and gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>FEMAI</u>	E					
E Total	2.73	3.05	2.77	3.11	2.74	2.82	2.78	2.99	2.62	2.79
B Nomet	2.39	2.68	2.39	2.68	2.31	2.36	2.30	2.45	2.10	2.27
B OMET	4.35	4.64	4.34	4.79	4.28	4.38	4.49	4.83	4.43	4.62
E TFMHT	5.45	5.49	5.24	5.69	5.24	5.38	4.90	5.61	5.14	5.07
B Both	7.58	8.13	7.12	7.86	7.43	7.38	7.25	8.11	6.47	7.00
C Total	2.78	3.06	2.78	3.11	2.70	2.80	2.79	2.96	2.56	2.72
C NOMET	2.53	2.81	2.52	2.81	2.41	2.51	2.50	2.69	2.26	2.38
C OMET	4.49	4.61	4.37	4.87	4.38	4.43	4.27	4.33	4.02	4.34
Standard deviation	4.19	4.31	4.19	4.53	4.23	4.32	4.38	4.61	4.34	4.63
				MALI	ľ					
E Total	2.48	2.72	2.40	2.72	2.33	2.33	2.28	2.49	2.14	2.26
E Nomet	2.25	2.51	2.16	2.45	2.06	2.11	2.01	2.19	1.89	1.99
B OMET	3.64	3.69	3.50	3.85	3.52	3.24	3.48	3.76	3.06	3.22
E TFMHT	5.14	4.47	4.57	4.54	4.22	3.62	4.17	4.55	3.47	3.12
B Both	5.32	5.79	5.12	6.28	4.63	4.56	3.86	4.33	4.59	5.09
C Total	2.58	2.83	2.58	2.82	2.55	2.54	2.51	2.64	2.20	2.29
C NOMET	2.42	2.66	2.37	2.58	2.28	2.25	2.23	2.39	2.02	2.11
C OMET	3.70	3.91	3.82	4.17	4.03	4.09	3.96	3.88	3.01	3.11
Standard deviation	3.96	4.09	4.01	4.28	4.10	3.90	3.99	4.28	3.76	3.91

Table 4.9.C.10 Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status and Medicaid eligibility group.

Total E NOMET E OMET					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AII</u>	TO PANIL	I es viti de	PENDEN	T CHILDREN				
E Total	2.55	2.86	2.59	2.97	2.60	2.70	2.67	2.90	2.50	2.69
R NOMET	2.38	2.66	2.37	2.73	2.35	2.44	2.40	2.59	2.20	2.38
R OMHT	4.03	4.36	4.14	4.59	4.12	4.26	4.36	4.73	4.35	4.53
E TFMHT	4.63	4.43	4.63	4.93	k.77	4.62	4.51	5.14	4.86	4.76
B Both	6.35	7.48	6.73	7.57	7.12	6.21	6.24	7.07	5.31	6.18
C Total	2.66	2.96	2.70	3.10	2.68	2.80	2.83	3.07	2.62	2.79
C NOMET	2.51	2.82	2.54	2.91	2.50	2.58	2.60	2.85	2.43	2.57
C OMET	4.29	4.40	4.26	4.84	4.28	4.66	4.76	4.81	4.12	4.57
Standard deviation	3.58	3.79	3.61	3.93	3.70	3.78	3.84	4.00	3.64	3.93
			<u>aged, B</u>	LIND, ANI	DISABLE	E <u>D</u>				
ß Total	2.08	2.16	1.91	' 1.94	1.70	1.67	1.58	1.62	1.49	1.45
E NOMHT	1.56	1.61	1.43	1.41	1.20	1.15	1.04	1.08	0.99	0.91
E OMHT	3.01	3.15	2.85	2.88	2.57	2.53	2.56	2.48	2.28	2.32
B TFMHT	6.11	5.95	5.05	5.70	4.27	4.73	3.90	4.32	3.67	3.12
B Both	6.53	6.91	5.58	6.04	5.90	5.85	5.43	6.06	5.78	6.20
C Total	2.21	2.30	2.06	2.12	1.97	1.86	1.74	1.70	1.33	I.44
C NOMHT	1.85	1.91	1.64	1.60	1.43	1.31	1.30	1.27	0.83	0.95
c ONHT	3.44	3.60	3.42	3.71	3.60	3.46	3.03	2.92	2.71	2.75
Standard deviation	4.58	4.54	4.32	4.50	4.26	4.24	4.03	4.21	3.99	4.14

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Table **4.9.C.10** -- Continued

Medicaid beginning population still eligible in each period: OFFICE VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Ge</u>	NERAL ASS	<u>ISTANCE</u>					
E Total	4.53	5.00	4.75	5.36	4.82	4.99	5.19	5.78	5.05	5.40
E NOMHT	3.74	4.38	4.05	4.44	3.82	4.04	4.02	4.38	4.04	4.46
R OMET	5.18	5.34	3.28	6.14	6.00	5.64	6.72	7.40	6.17	6.36
R TPHET	8.10	8.28	7.53	7.69	7.30	7.50	7.18	a.42	6.35	6.39
B Both	7.26	7.46	6.74	a.12	6.71	7.72	7.35	8.10	7.01	7.51
C Total	4.27	4.73	4.58	4.96	4.62	4.80	4.75	5.12	4.72	4.66
C NOMET	3.91	4.36	4.17	4.43	4.10	4.39	4.40	4.81	4.51	4.32
C OMET	4.91	5.37	5.30	5.88	5.53	5.50	5.37	5.66	5.09	5.22
Standard deviation	6.48	6.06	6.62	7.00	6.63	6.33	6.89	7.49	6.66	6.89
				OTHE	<u>R</u>					
E Total	2.17	2.61	2.13	2.43	1.94	1.89	1.76	2.02	1.72	2.13
E NOMET	2.05	2.47	1.99	2.21	1.79	1.75	1.62	1.82	1.57	1.87
E OMHT	2.80	3.13	2.70	3.36	2.56	2.43	2.28	3.10	2.37	3.37
e temet	5.29	5.83	4.36	5.38	4.55	4.10	4.28	4.00	7.33	10.00
B Both	10.15	9.23	9.75	10.33	5.09	4.55	4.20	3.38	1.63	1.50
C Total	2.26	2.44	2.19	2.09	1.95	1.78	1.81	1.72	1.76	1.73
C NOMET	2.14	2.31	2.05	1.90	1.72	1.70	1.67.	1.53	1.61	1.58
C OMET	3.34	3.40	3.12	3.28	3.36	2.32	2.59	2.67	2.43	2.41
Standard deviation	3.65	4.26	3.98	4.18	3.81	3.32	3.21	3.61	3.63	3.94

 $\label{eq:continuous} \textbf{Table 4.9.D.1}$ Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status.

Mental health					Calenda	r period				
treatment statns	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	0.54	0.56	0.53	0.53	0.49	0.53	0.54	0.58	0.58	0.61
B Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	3.94	3.93	3.14	3.15	3.31	3.68	3.16	3.89	3.62	3.92
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Both	1.08	6.94	6.60	5.81	5.54	5.11	5.11	6.48	6.42	6.08
C Total	0.54	0.55	0.54	0.55	0.53	0.59	0.59	0.62	0.51	0.60
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.19	4.20	4.01	4.02	3.19	4.14	4.08	4.19	3.10	3.81
Standard deviation	2.14	2.13	2.64	2.61	2.46	2.61	2.69	2.81	2.80	2.91

Mental health					Calenda	r period				
treatment status	- 83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	I	KITHER CHRO	ONIC MEDIC	CAL DIAGN	NOSIS OR S	SVBSTANCE	ABUSE			
B Total	0.29	0.28	0.26	0.25	0.23	0.24	0.24	0.25	0.28	0.31
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	3.40	3.16	2.91	2.82	2.52	2.64	2.69	2.68	2.64	2.97
E TYMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
K Both	6.14	5.41	6.24	4.48	4.53	4.20	4.20	4.50	5.40	4.55
C Total	0.29	0.28	0.27	0.28	0.28	0.31	0.30	0.30	0.31	0.33
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C ONET	3.44	3.28	3.09	3.22	3.04	3.41	3.18	3.04	2.95	3.14
Standard deviation	2.01	1.88	1.86	1.72	1.66	1.76	1.75	1.84	1.89	1.99
			<u>CERON</u>	IC MEDICA	L DIAGNOS	<u>ES</u>				
K Total	0.72	0.76	0.72	0.71	0.66	0.74	0.71	0.79	0.76	0.77
E NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	3.87	4.01	3.85	3.76	3.50	3.93	3.81	3.98	3.78	3.95
B TPMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	6.74	6.67	6.10	6.04	5.57	6.06	5.94	7.01	6.58	6.34
C Total	0.72	0.72	0.71	0.68	0.62	0.68	0.73	0.73	0.67	0.69
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMIT	4.32	4.29	4.11	3.93	3.60	3.89	4.21	4.18	3.73	3.78
Standard deviation	3.14	3.15	3.06	3.00	2.80	3.11	3.07	3.27	3.17	3.22

Table 4.9.D.2 -- Continued Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			9	SUBSTANCE A	ABUSE					
E Total	4.83	5.01	4.80	5.00	4.26	4.47	4.85	5.26	4.68	5.10
E NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	5.87	5.97	5.90	6.32	5.28	5.65	6.22	7.02	6.06	6.61
B TYMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	10.70	11.32	9.34	7.84	7.30	7.80	8.03	8.06	7.66	8.04
C Total	4.48	4.95	4.62	4.82	4.69	4.95	4.43	5.43	4.22	4.58
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMHT	6.02	6.72	6.14	6.26	6.19	6.60	5.87	7.19	5.55	6.11
Standard deviation	7.14	7.33	6.55	6.83	6.36	6.53	6.76	7.47	7.03	7.42

 $\label{thm:mental} Table~4.9.D.3$ Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and age in 1983.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LES	SS THAN 18	YEARS					
B Total	0.09	0.10	0.10	0.09	0.10	0.11	0.10	0.13	0.13	0.15
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	1.75	1.93	1.88	1.79	1.83	2.01	1.90	2.27	2.11	2.68
e timet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	4.05	4.23	4.55	3.33	1.89	2.11	3.12	3.16	3.87	3.36
C Total	0.10	0.12	0.11	0.13	0.12	0.13	0.14	0.14	0.14	0.16
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMBT	1.98	2.27	2.06	2.32	2.13	2.39	2.56	2.47	2.38	2.80
Standard deviation	1.15	1.17	1.17	1.07	1.03	1.15	1.13	1.22	1.24	1.42
			<u>18</u>	<u>THROUGH</u>	59 YEARS					
K Total	1.25	1.28	1.23	1.24	1.15	1.27	1.29	1.38	1.37	1.41
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	4.74	4.69	4.46	4.51	3.99	4.37	4.51	4.62	4.27	4.48
E TPMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E Both	7.29	7.20	6.83	6.08	5.84	6.06	5.95	6.81	6.73	6.39
C Total	1.23	1.23	1.21	1.25	1.21	1.36	1.35	I.44	1.30	1.35
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.97	4.89	4.70	4.66	4.40	4.80	4.69	4.87	4.21	4.35
Standard deviation	4.08	4.07	3.92	3.91	3.71	4.03	4.07	4.37	4.21	4.32

Table 4.9.D.3 -- Continued

Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AND	OLDER					
g Total	0.14	0.12	0.10	0.10	0.08	0.08	0.09	0.06	0.08	0.08
B NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMBT	2.05	1.79	1.63	1.45	1.31	1.21	1.23	0.78	1.14	1.23
B TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	5.13	3.33	2.53	3.00	2.44	2.88	4.65	2.71	2.67	2.50
C Total	0.16	0.10	0.15	0.11	0.10	0.10	0.08	0.07	0.10	0.09
C NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMMT	2.22	2.49	2.13	1.61	1.49	1.54	1.23	1.01	1.38	1.27
Standard deviation	1.21	1.12	1.06	0.88	0.87	0.81	0.81	0.62	0.84	0.96

Table 4.9.D.4 Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and gender.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAL	<u>.B</u>				,	
E Total	0.46	0.46	0.44	0.43	0.42	0.45	0.46	0.49	0.52	0.54
B Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMBT	3.40	3.33	3.24	3.12	3.01	3.22	3.34	3.34	3.35	3.61
E TFMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	6.37	6.19	6.08	5.70	5.19	5.53	5.32	6.20	5.96	5.48
C Total	0.47	0.46	0.47	0.45	0.44	0.49	0.49	0.49	0.51	0.53
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	3.67	3.67	3.66	3.42	3.34	3.70	3.60	3.50	3.45	3.51
Standard deviation	2.53	2.45	2.44	2.32	2.30	2.46	2.47	2.59	2.63	2.72
				MALE	<u> </u>					
K Total	0.65	0.70	0.66	0.67	0.59	0.65	0.66	0.72	0.68	0.72
R NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMBT	4.53	4.63	4.34	4.49	3.79	4.23	4.25	4.58	3.90	4.33
E TFMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	8.51	8.33	7.53	6.19	6.17	6.25	6.63	6.99	7.26	7.22
C Total	0.65	0.67	0.63	0.70	0.66	0.72	0.73	0.80	0.67	0.72
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.97	4.96	4.50	4.85	4.37	4.70	4.70	5.12	4.04	4.39
Standard deviation	3.03	3.10	2.91	2.97	2.69	2.94	2.96	3.25	3.04	3.18

Table 4.9.D.5

Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO FAMILIES	WITH DBPN	NDENT C	HILDREN				
B Total	0.19	0.21	0.19	0.17	0.17	0.20	0.19	0.22	0.22	0.26
E Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
R OMHT	2.36	2.43	2.26	2.08	1.99	2.32	2.29	2.55	2.31	2.88
B TYMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	3.99	4.34	4.22	3.17	3.12	3.65	3.30	3.88	4.09	3.96
C Total	0.21	0.23	0.22	0.21	0.19	0.21	0.21	0.22	0.20	0.23
c Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C ONET	2.56	2.74	2.68	2.54	2.33	2.58	2.56	2.54	2.26	2.55
Standard deviation	1.68	1.68	1.65	1.48	1.42	1.63	1.58	1.71	1.68	1.86
			AGED,	BLIND, AN	D DISABLE	<u>ED</u>				
E Total	0.92	0.87	0.78	0.73	0.65	0.69	0.69	0.67	0.72	0.70
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B ONNT	3.67	3.45	3.11	2.97	2.54	2.71	2.67	2.46	2.63	2.56
e tenet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E Both	7.21	6.66	6.20	5.32	5.52	5.83	5.89	6.25	6.60	5.97
C Total	0.94	0.89	0.80	0.80	0.74	0.76	0.71	0.71	0.72	0.72
c Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.10	3.90	3.45	3.41	3.14	3.22	3.07	3.02	2.93	2.89
Standard deviation	3.38	3.27	3.06	2.89	2.72	2.84	2.83	2.85	2.88	2.83

 $\label{thm:continued} Table~4.9.D.5~--~Continued$ Medicaid current period population: MENTAL HEALTH VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	NERAL ASS	ISTANCE					
E Total	2.90	2.85	2.83	2.91	2.58	2.86	2.93	3.20	2.84	2.97
E Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	6.76	6.76	6.57	6.88	6.04	6.58	7.02	7.58	6.67	7.03
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	10.09	9.47	a.74	8.41	7.66	7.64	7.91	9.08	8.48	8.47
C Total	2.59	2.62	2.72	2.86	2.75	3.05	3.14	3.38	2.74	2.93
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMHT	7.13	7.06	6.87	7.01	6.69	7.23	7.28	8.27	6.73	7.02
Standard deviation	5.91	5.82	5.60	5.73	5.33	5.75	5.87	6.41	6.02	6.22
				OTHE	<u>R</u>					
E Total	0.33	0.31	0.32	0.36	0.34	0.30	0.30	0.37	0.49	0.53
E NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	3.63	3.25	3.26	3.36	3.10	2.88	2.79	3.07	3.41	3.80
e temet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E Both	3.85	6.59	7.15	7.67	4.75	3.83	4.53	5.33	5.00	3.00
C Total	0.42	0.40	0.38	0.37	0.33	0.38	0.42	0.45	0.57	0.67
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C ONET	4.28	4.05	3.61	3.51	2.98	3.51	3.41	3.26	3.74	4.25
Standard deviation	2.22	2.12	2.17	2.18	2.02	1.96	1.97	2.24	2.50	2.69

 $Table\ 4.9.D.6$ Medicaid beginning population still eligible in each period: MENTAL HEALTH VISITS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	0.54	0.56	0.52	0.49	0.47	0.51	0.50	0.54	0.57	0.57
E NoMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E ONET	3.94	3.84	3.49	3.23	2.89	3.04	2.92	2.96	2.93	3.07
B TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Both	7.00	7.07	6.42	5.41	5.29	5.34	5.44	6.36	6.08	5.50
C Total	0.54	0.58	0.55	0.55	0.50	0.53	0.53	0.54	0.53	0.56
C Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.19	4.30	3.91	3.75	3.29	3.36	3.26	3.20	3.09	3.20
Standard deviation	2.74	2.02	2.67	2.54	2.39	2.57	2.55	2.70	2.69	2.14

Table 4.9.D.7

Medicaid beginning population still eligible in each period: MENTAL HEALTH VISITS, by mental health treatment status and diagnosis.

Mental health treatment status					Calenda	r period			_	
status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	IEITHER CI	HRONIC MED	ICAL DIAGN	OSIS OR S	UBSTANCE	ABUSE			
B Total	0.29	0.29	0.27	0.24	0.23	0.23	0.23	0.24	0.28	0.28
E NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	3.40	3.07	2.70	2.45	2.12	2.09	2.04	1.97	2.14	2.27
E TPMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	6.14	5.03	5.54	3.98	4.65	3.69	3.91	4.78	4.03	3.84
C Total	0.29	0.31	0.29	0.33	0.30	0.30	0.30	0.31	0.31	0.33
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	3.44	3.37	3.00	3.20	2.73	2.62	2.52	2.46	2.32	2.50
Standard deviation	2.01	1.94	1.90	1.76	1.68	1.67	1.71	1.78	1.80	1.85
			<u>CHROI</u>	NIC MEDICAL	DIAGNOS	ES_				
E Total	0.72	0.76	0.72	0.68	0.64	0.70	0.68	0.76	0.74	0.71
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	3.87	3.93	3.71	3.41	3.16	3.35	3.14	3.31	3.10	3.09
E TYMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	6.74	6.80	6.11	5.76	5.26	5.80	5.88	6.89	6.46	5.93
C Total	0.72	0.73	0.69	0.64	0.56	0.58	0.61	0.61	0.60	0.62
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.32	4.32	4.02	3.61	3.15	3.27	3.34	3.34	3.18	3.23
Standard deviation	3.14	3.19	3.06	2.92	2.69	2.90	2.89	3.12	3.05	3.01

Table 4.9.D.7 -- Continued

Medicaid beginning population still eligible in each period: MENTAL HEALTH VISITS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			(SUBSTANCE	ABUSE					
E Total	4.03	5.25	4.40	4.01	3.70	3.91	3.89	3.83	3.91	4.52
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	5.07	6.28	5.61	5.49	4.90	5.41	5.41	5.30	5.26	6.14
e temet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	10.70	12.75	9.91	6.71	6.82	6.67	6.68	7.06	6.59	7.07
C Total	4.48	5.22	4.61	4.39	4.12	4.50	3.93	4.41	3.92	3.90
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	6.02	7.30	6.45	6.35	6.07	6.54	5.63	5.99	5.55	5.62
Standard deviation	7.14	7.92	6.71	6.55	6.29	6.61	6.61	6.58	6.64	7.25

 $\label{thm:continuous} Table~4.9.D.8$ Medicaid beginning population still eligible in each period: MENTAL **HEALTH** VISITS, by mental health treatment status and age in 1983.

R Total					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			L	ESS THAN	18 YEARS					
E Total	0.09	0.11	0.10	0.08	0.09	0.10	0.10	0.11	0.10	0.12
B NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	1.75	1.93	1.83	1.47	1.50	1.62	1.53	1.66	1.53	1.85
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Both	4.05	4.47	4.11	2.65	1.94	0.72	2.22	3.61	2.93	2.00
C Total	0.10	0.13	0.12	0.14	0.11	0.11	0.13	0.13	0.12	0.13
c Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c OMHT	1.98	2.27	1.95	2.25	1.76	1.66	1.85	1.93	1.74	1.79
Standard deviation	1.15	1.23	1.23	1.07	1.03	1.04	1.09	1.13	1.10	1.17
			<u>18</u>	THROUGH 59	<u>YEARS</u>					
E Total	1.25	1.30	1.21	1.16	1.09	1.17	1.13	1.22	1.26	1.24
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	4.74	4.65	4.20	3.97	3.52	3.68	3.53	3.59	3.50	3.58
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	7.29	7.34	6.66	5.61	5.55	5.70	5.68	6.74	6.43	5.89
C Total	1.23	1.33	1.26	1.22	1.11	1.18	1.17	1.20	1.15	1.21
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c OMHT	4.97	5.09	4.66	4.40	3.91	4.05	3.86	3.88	3.61	3.75
Standard deviation	4.08	4.22	3.97	3.81	3.56	3.85	3.78	4.02	3.95	4.00

Table 4.9.D.8 -- Continued

Medicaid beginning population still eligible in each period: MENTAL **HEALTH** VISITS, by mental health treatment status and age in 1983.

Hental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6(</u>) YEARS AN	ID OLDER					
E Total	0.14	0.12	0.11	0.10	0.07	0.08	0.09	0.05	0.09	0.09
B NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	2.05	1.69	1.44	1.26	0.87	1.03	1.01	0.50	1.05	1.17
E TFMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	5.13	3.06	2.75	3.31	2.75	1.87	3.73	1.80	1.77	1.17
C Total	0.16	0.18	0.15	0.13	0.13	0.12	0.10	0.08	0.13	0.12
c Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c onet	2.22	2.38	1.88	1.58	1.52	1.41	1.17	0.94	1.38	1.32
Standard deviation	1.21	1.10	1.00	0.90	0.80	0.81	0.81	0.56	0.90	1.0

 $\label{thm:continuous} Table~4.9.D.9$ Medicaid beginning population still eligible in each period: MENTAL HEALTH VISITS, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAI	<u>. E</u>					
B Total	0.46	0.48	0.46	0.43	0.42	0.46	0.46	0.50	0.54	0.54
E Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	3.48	3.31	3.12	2.80	2.58	2.70	2.69	2.70	2.88	2.99
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	6.37	6.21	5.88	5.23	5.08	5.07	5.03	6.25	5.76	5.09
C Total	0.47	0.51	0.52	0.48	0.45	0.49	0.49	0.48	0.49	0.53
C Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	3.67	3.81	3.66	3.28	3.01	3.16	3.04	2.94	2.88	3.05
Standard deviation	2.53	2.54	2.52	2.33	2.28	2.41	2.43	2.57	2.60	2.65
				MALI	<u> </u>					
E Total	0.65	0.69	0.61	0.59	0.54	0.58	0.57	0.60	0.60	0.62
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	4.53	4.53	3.98	3.82	3.34	3.52	3.25	3.36	2.99	3.20
e temet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	8.51	8.82	7.54	5.82	5.76	5.99	6.40	6.63	6.77	6.47
C Total	0.65	0.69	0.61	0.66	0.57	0.59	0.58	0.65	0.60	0.61
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.97	5.09	4.30	4.53	3.75	3.70	3.62	3.85	3.43	3.44
Standard deviation	3.03	3.19	2.89	2.84	2.55	2.81	2.73	2.89	2.83	2.88

Table 4.9.D.10

Medicaid beginning population still eligible in each period: MENTAL HEALTH VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AII	O TO PAM	ILIES WITH	DEPENDENT	CHILDREN				
E Total	0.19	0.22	0.21	0.18	0.19	0.22	0.22	0.25	0.24	0.26
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMET	2.36	2.40	2.21	1.92	1.85	2.11	2.08	2.20	2.00	2.35
E TPHET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8 Both	3.99	4.26	4.01	2.78	2.94	3.14	3.13	4.20	3.84	3.59
C Total	0.21	0.25	0.25	0.24	0.21	0.25	0.25	0.26	0.24	0.25
c Nomet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	2.56	2.83	2.68	2.50	2.06	2.39	2.27	2.33	2.18	2.27
Standard deviation	1.68	1.75	1.73	1.58	1.51	1.75	1.75	1.86	1.80	1.89
			AGED,	BLIND, AND	DISABLE	<u>ED</u>				
E Total	0.92	0.87	0.80	0.72	0.67	0.70	0.70	0.68	0.76	0.71
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E ONET	3.67	3.46	3.09	2.83	2.42	2.48	2.30	2.15	2.45	2.32
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	1.21	6.75	6.16	5.06	5.55	5.67	6.03	6.42	6.69	5.92
C Total	0.94	0.91	0.80	0.81	0.73	0.72	0.74	0.71	0.73	0.76
C NOMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.10	3.96	3.39	3.31	2.95	2.85	2.87	2.72	2.71	2.77
Standard deviation	3.38	3.30	3.10	2.89	2.73	2.78	2.81	2.84	2.93	2.90

 $\label{thm:continued} Table~4.9.D.10~--~Continued$ Medicaid beginning population still eligible in each period: MENTAL **HEALTH** VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Gei</u>	IERAL ASSIS	STANCE					
E Total	2.90	3.05	2.82	2.72	2.39	2.65	2.47	2.77	2.57	2.58
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	6.76	7.14	6.66	6.54	5.94	6.44	6.38	6.41	5.77	5.87
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	10.09	10.10	8.75	8.32	7.60	7.73	7.74	9.34	8.28	7.71
C Total	2.59	2.79	2.73	2.70	2.54	2.51	2.42	2.54	2.32	2.47
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	7.13	7.72	7.45	7.34	7.01	6.91	6.78	7.17	6.51	6.58
Standard deviation	5.91	6.20	5.73	5.56	5.12	5.62	5.41	5.85	5.58	5.70
				OTHE	<u>R</u>					
E Total	0.33	0.36	0.34	0.36	0.36	0.26	0.30	0.32	0.54	0.57
E NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E OMHT	3.63	3.21	2.96	3.06	2.89	2.20	2.38	2.58	3.32	3.56
E TFMHT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Both	3.85	7.54	9.08	7.75	5.45	1.64	3.10	0.88	2.25	2.63
C Total	0.42	0.51	0.47	0.50	0.38	0.37	0.48	0.50	0.46	0.53
C NOMET	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
C OMET	4.28	4.29	3.60	3.50	2.79	2.69	3.16	3.01	2.51	3.03
Standard deviation	2.22	2.40	2.38	2.35	2.25	1.83	2.09	2.11	2.36	2.58

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 $\label{thm:calc} \textbf{Table 4.9.E.1} \\ \textbf{Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status.} \\$

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
B Total	.062	.068	.064	.067	.067	.067	,068	.067	.068	.071
E NOMET	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E OMHT	.476	.502	.474	.493	.485	.483	.494	.467	.441	.468
e tenet	.000	.000	.000	.000	.000	,000	.000	.000	,000	.000
g Both	,638	,660	.650	.609	.592	,595	,565	.607	,623	.613
C Total	.064	.064	.066	.071	.072	.073	.074	.069	.070	.074
C NOMET	.000	.000	,000	.000	,000	.000	,000	,000	,000	,000
C OMHT	.490	.493	.491	.519	,513	,515	,513	,469	.455	.473
Standard deviation	,242	.249	.246	.252	,253	.254	.255	.251	,253	,259

 $\label{thm:condition:thm:cond} \begin{tabular}{ll} Table 4.9.E.2 \\ Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and diagnosis. \\ \end{tabular}$

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>1</u>	NEITHER	CHRONIC	MEDICAL DIAG	NOSIS OR S	UBSTANC	E ABUSE			
E Total	.034	,038	.034	.037	.036	.035	,036	.035	.040	,043
E NOMHT	,000	.000	.000	.000	,000	.000	,000	,000	,000	,000
E OMET	,405	.440	.393	.423	,412	,401	.407	.387	,386	.424
B TFMHT	,000	,000	.000	,000	.000	,000	.000	.000	,000	.000
B Both	.619	.586	.595	.545	.528	.548	.548	.511	.609	.596
C Total	.037	.036	,035	,041	.042	.042	,042	.039	.042	.044
C NOMET	.000	,000	.000	,000	,000	,000	.000	.000	.000	,000
C OMET	.434	.423	.406	.465	.454	.453	.447	.395	.402	.417
Standard deviation	.184	.190	,182	,191	.191	.190	.190	.187	.197	,204
			CHRONI (HEDICAL DI	AGNOSE	E <u>S</u>				
E Total	.084	.089	,085	,086	,086	,085	,085	.087	.085	.084
B NOMET	,000	,000	.000	,000	.000	.000	,000	.000	.000	.000
E OMHT	.478	.493	.474	.479	.480	,475	.486	.470	.447	.449
E TFMHT	,000	.000	,000	,000	,000	.000	,000	,000	.000	.000
E Both	.599	.657	.636	.601	,590	,580	.553	.627	.605	.583
C Total	.082	,083	.085	.085	.086	,083	.086	,080,	.081	.086
C NOMET	.000	.000	.000	,000	,000	.000	.000	.000	.000	,000
C OMET	.492	.495	.492	.489	.497	,480	.499	.462	.451	.472
Standard deviation	.276	.282	.279	.280	,280	.278	.280	.279	.276	.278

Table 4.9.E.2 -- Continued

Medicaid current period population: **SHARE** OF POPULATION USING MENTAL HEALTH CARE by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			(SUBSTANCE A	BUSE					
B Total	.536	,554	.552	.564	,534	,542	,539	.507	.455	.508
E NOMET	.000	.000	,000	.000	.000	.000	,000	,000	,000	.000
E OMHT	.688	.710	.713	.731	.692	.711	.721	.686	.593	.662
E TFMET	.000	,000	.000	.000	.000	.000	.000	,000	,000	,000
B Both	.867	.824	.818	.756	.716	,747	.646	.710	.721	.768
C Total	.488	.511	.539	.571	.536	.571	.533	.515	,456	.467
C NOMET	,000	,000	.000	.000	.000	,000	,000	,000	.000	.000
c omet	,656	.694	.716	.742	.708	.760	.705	.681	.601	,624
Standard deviation	.500	.499	.498	.496	.499	.498	,499	,500	.498	.500

Table 4.9.E.3

Medicaid current period population: **SHARE** OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			L	ESS THAN	18 YEARS					
B Total	.011	.015	.014	,015	.017	.017	.017	,019	.019	.021
R NOMHT	,000	.000	.000	.000	.000	,000	,000	.000	.000	.000
E OMET	.227	.287	.269	,296	.321	.314	.318	,342	.314	.361
e trhet	,000	,000	.000	.000	,000	,000	,000	.000	,000	.000
R Both	.368	.455	.450	,381	,429	.357	.240	.360	.391	,591
C Total	,014	.015	.015	,019	.020	.019	.023	,020	,019	,022
C Nomet	,000	.000	,000	.000	,000	,000	.000	,000	.000	.000
C OMET	.266	,293	.278	.348	.357	.335	.399	.345	,331	,368
Standard deviation	• 109	.122	.119	.127	.134	.130	,135	.138	,135	.144
			<u>18</u>	THROUGH	59 YEARS					
E Total	.138	,148	,143	.149	.149	.152	,153	.150	.151	.157
E NOMET	.000	,000	.000	.000	.000	.000	.000	.000	.000	.000
E OMET	.550	.572	.542	.559	.546	.546	.557	.522	,487	.512
E TFMHT	.000	.000	.000	,000	.000	,000	.000	.000	.000	.000
B Both	.648	.673	.665	.622	.603	.614	.584	.627	.646	.622
C Total	.139	.139	.144	.154	,155	.163	.160	,153	.152	.159
C NOMET	,000	,000	.000	.000	,000	,000	,000	.000	.000	,000
C OMET	.558	.554	.559	.577	.564	.577	.555	.519	,493	.513
Standard deviation	.345	,352	.350	.358	,358	.362	.363	.358	.358	.364

Table 4.9.E.3 -- Continued

Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	OLDER					
g Total	.032	,029	.025	,026	.021	.020	.022	,016	.022	.020
E NOMHT	.000	,000	,000	.000	.000	.000	• 000	.000	.000	.000
E ONHT	.503	.464	.409	.422	.341	.345	.371	,253	.351	.307
B TYMHT	.000	.000	.000	.000	.000	,000	.000	.000	.000	.000
R Both	.688	,556	,474	.500	,500	.412	.529	.471	.400	.429
C Total	.031	.033	.028	.026	.027	.022	.024	,014	.025	.022
C Nomet	.000	.000	.000	,000	.000	.000	.000	,000	.000	,000
c ONHT	.438	.444	.403	.377	.397	.325	.364	.219	,350	,300
Standard deviation	.174	.171	.159	.160	.149	,143	.148	,123	.150	.142

 $Table\ 4.9.E.4$ Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAI	E					
K Total	,053	.058	,055	.057	.058	.057	.058	.060	.063	.064
E NOMHT	.000	.000	.000	,000	.000	.000	,000	,000	.000	.000
E OMHT	.420	,453	.425	.442	.438	.433	,453	.431	.424	.441
e tymet	.000	,000	,000	,000	.000	,000	,000	,000	,000	,000
B Both	.582	.600	.596	.569	• 554	.555	.515	.599	.622	.556
C Total	.056	,056	.057	.061	.061	.062	.062	.056	,062	.067
C NOMET	.000	.000	,000	,000	.000	,000	.000	.000	.000	.000
C OMMT	.435	.438	.444	.463	.460	.467	.454	.397	.424	.449
Standard deviation	.226	,232	.229	.235	.235	.235	,236	.234	.243	,247
				MALE	<u> </u>					
E Total	.075	,082	.078	.081	.oal	.082	.082	.078	,076	.082
E NOMHT	.000	.000	,000	.000	,000	,000	,000	,000	.000	.000
E OMHT	,545	.560	.531	.554	.541	,542	,541	.512	.464	,505
E TFMHT	.000	.000	.000	.000	.000	.000	● 000	,000	,000	.000
B Both	.752	.770	.747	.682	,660	.675	.663	.622	.624	.721
C Total	.075	.077	.078	.086	.088	.089	.092	.088	.082	.083
c Nomet	.000	.000	.000	.000	.000	.000	.000	,000	,000	.000
C OMET	.572	.570	.558	.597	.584	.575	.589	.565	.497	.506
Standard deviation	,263	,271	.268	.276	.276	.277	.279	.273	.268	.275

Table 4.9.E.5

Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and Medicaid eligibility group.

Total E NOMET E OMET E TEMET E Both					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AI	D TO I	ILLIES VITE	I DEPENDENT	CHILDREN				
I Total	, 023	, 028	, 025	, 025	.025	.026	.026	.029	, 028	.031
E NOMHT	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E OMET	.285	.339	.307	.310	.308	, 315	, 328	.338	.307	.351
e tfhet	, 000	.000	.000	.000	.000	.000	.000	.000	.000	, 000
R Both	.423	.497	.436	.401	.402	.426	, 348	.447	.477	.440
C Total	.027	• 027	.027	.030	.028	, 029	.029	.027	.027	.032
C NOMET	.000	.000	, 000	.000	.000	.000	.000	.000	.000	, 000
C OMET	, 316	, 326	, 326	.354	.338	.344	.345	.315	.302	.349
Standard deviation	.154	, 164	, 158	, 161	.160	, 161	.162	, 165	.164	.173
			AGED,	BLIND, AND	DISABLE	<u>ED</u>				
E Total	.125	, 123	.111	.114	, 109	.103	, 105	.097	.104	.104
E NOMET	, 000	.000	.000	.000	.000	.000	.000	.000	.000	.000
E ONET	.548	.528	.472	.497	, 477	.446	.459	, 406	.430	.418
e trhet	.000	, 000	,000	.000	.000	.000	.000	.000	.000	.000
B Both	.704	, 689	.703	.643	.621	.629	.603	.621	.662	, 662
C Total	.122	.122	.116	, 123	.120	.108	,111	.102	.112	.115
C NOMET	.000	, 000	.000	.000	.000	.000	.000	, 000	.000	.000
C OMET	.534	.531	.501	.525	.507	.460	.482	.436	.459	.462
Standard deviation	.330	, 328	, 316	.321	.316	.307	.309	, 298	.309	.310

 $\label{thm:continued} Table~4.9.E.5~--~Continued$ Medicaid current period population: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GR</u>	NERAL ASS	<u>ISTANCE</u>					
g Total	.297	,300	,306	,313	.306	,321	.313	.304	.270	.286
B NOMET	.000	,000	,000	,000	,000	.000	,000	,000	.000	,000
E OMET	.730	.745	,741	.766	.749	,767	.773	,743	.651	,689
E TFMET	,000	,000	.000	.000	,000	● 000	.000	.000	,000	,000
E Both	,805	.791	.790	.757	.737	.718	,726	,746	,727	.744
C Total	.271	.275	.304	.326	,324	,343	.337	,305	.274	.279
C Nomet	.000	.000	.000	,000	.000	.000	,000	.000	,000	.000
C ONHI	.746	.741	.767	.798	.788	.813	.781	.746	.675	.668
Standard deviation	.453	,455	.461	.465	.463	,470	.467	.460	.445	.451
				OTHE	R					
E Total	,040	,041	,039	.045	.048	.042	.045	.048	.065	.070
E NOMET	,000	.000	,000	,000	,000	,000	.000	,000	,000	,000
E OMET	,452	,449	,410	,449	.449	,405	,424	,405	.463	.502
E TPMET	.000	.000	,000	.000	.000	.000	.000	,000	.000	.000
B Both	.385	,529	.550	.619	.500	,500	,529	.500	.500	.444
€ Total	.052	.049	.048	,044	.050	.047	.058	,059	.067	,078
C NOMET	.000	.000	.000	.000	.000	.000	.000	,000	.000	.000
C ONHT	.527	.500	.458	,413	.449	.439	.474	.431	.441	,496
Standard deviation	.206	,205	.200	,207	.215	.204	.217	.221	.248	,259

Table 4.9.E.6

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.062	,066	.062	,063	,065	,064	,064	,066	.071	.071
E NOMET	.000	,000	.000	.000	,000	.000	,000	.000	.000	.000
E OMET	.476	.476	.437	.427	,424	.400	.399	.396	.393	.405
E TFMHT	.000	.000	.000	,000	.000	.000	,000	.000	.000	.000
E Both	,638	.647	.624	.567	.581	.569	.525	.599	,606	,570
ℂTotal	,064	.065	.065	.070	,069	.069	.069	.065	.067	.073
C NOMET	.000	,000	.000	,000	,000	,000	,000	,000	,000	.000
C OMET	.490	.482	, 459	,478	.456	,442	,428	,389	.391	.418
Standard deviation	,242	,248	.243	.247	.249	.247	.247	.248	,254	.258

 $\label{thm:continuous} Table~4.9.E.7$ Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING **MENTAL** HEALTH CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	RITHER CHRO	NIC MEDIC	CAL DIAGN	OSIS OR S	VBSTANCB	ABVSB			
E Total	,034	,038	.034	,036	.037	.036	.037	,036	,043	.045
E NOMHT	.000	.000	,000	.000	,000	.000	.000	.000	,000	,000
E ONHT	,405	423	.365	.368	.357	,332	.329	.316	,346	.368
B TFMHT	.000	.000	,000	,000	.000	.000	.000	.000	.000	.000
B Both	.619	.564	.547	,486	.538	.528	,520	.573	,590	.553
C Total	.037	.038	.037	.046	.044	• 044	.044	,040	,045	.048
C NOMET	,000	,000	.000	,000	,000	,000	.000	.000	,000	,000
c OMET	,434	,414	.383	,446	,404	.383	,369	,324	.339	.362
Standard deviation	.184	.192	.185	.193	,194	.193	.194	,190	.204	.209
			<u>CHRO</u> 1	NIC MEDICAL	DIAGNOSE	<u>ES</u>				
R Total	,084	.087	,084	,083	.086	,082	.082	.087	.086	,084
E NOMET	.000	,000	.000	.000	,000	.000	,000	.000	,000	,000
R OMHT	.478	,482	.456	.441	,452	.417	,421	,420	,400	.397
E TFMHT	.000	,000	.000	,000	.000	,000	,000	.000	,000	.000
B Both	.599	,638	,621	.574	.568	.557	.524	.592	.599	.572
C Total	.082	,082	.081	.082	.082	.078	.080	.073	.076	.084
C NOMET	.000	.000	.000	.000	,000	.000	.000	.000	.000	.000
C ONHT	.492	.489	.472	.462	.461	.439	.439	.398	.402	.440
Standard deviation	.276	.280	.276	.275	.279	.272	.273	,274	.276	.278

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Table 4.9.E.7 -- Continued

Medicaid beginning population still eligible in each period: SHARE \mbox{OF} POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>SUBSTAN</u> (CE ABUSE					
E Total	.536	,501	.478	.438	,424	.433	,396	.425	.408	.428
E NOMET	,000	.000	.000	,000	.000	.000	,000	.000	,000	,000
E OMHT	,688	.647	,639	.603	.570	.598	.576	,599	.549	,591
B TFMHT	.000	,000	,000	.000	,000	,000	,000	,000	.000	,000
B Both	.867	.873	.811	.706	.740	.733	,550	.719	.688	.607
C Total	,488	.484	,470	.458	.429	,463	,418	.429	.382	,363
C NOMET	.000	.000	.000	,000	.000	,000	,000	.000	,000	,000
c omet	.656	,677	,659	,663	,632	.673	.599	.582	.541	,523
Standard deviation	.500	.500	.500	.497	.495	.497	,491	.495	.490	.491

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Table 4.9.E.8

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LE	SS TEAR	18 YEARS					
B Total	.011	,016	,014	.014	.015	.015	,015	.019	• 017	.019
B Nomet	.000	,000	.000	.000	.000	,000	.000	.000	.000	.000
B OMET	.227	.281	,252	.253	.252	.252	.238	,299	.259	.285
B tenet	,000	,000	,000	.000	,000	.000	.000	,000	.000	.000
B Both	.368	.474	.444	,353	,412	,222	.167	.389	.333	,533
C Total	.014	.016	.015	.020	.018	,019	.019	,018	.018	.020
C NOMET	.000	.000	.000	.000	.000	.000	.000	,000	.000	.000
C OMET	.266	.280	,249	.316	.284	.285	.280	.255	.256	.284
Standard deviation	.109	.125	,119	.126	.127	.128	.126	.136	,130	,138
			<u>18</u>	THROUGH	59 YEARS					
B Total	.138	.145	.138	.137	.142	.138	.137	,140	.146	,146
E NOMET	.000	,000	,000	,000	,000	.000	,000	.000	,000	.000
B OMET	.550	,543	.501	,486	,489	.456	.457	,443	,434	.447
E TFMET	.000	,000	.000	,000	.000	.000	.000	.000	.000	.000
B Both	.648	,661	.640	.579	.589	.595	.544	.617	,629	.579
C Total	.139	.142	.143	.149	.145	,146	.144	.137	,137	.149
c Nomet	,000	.000	.000	.000	,000	,000	,000	.000	.000	,000
c OMHT	.558	.546	.528	.536	.513	.498	.477	,444	.429	.463
Standard deviation	.345	.351	.347	.348	.350	.348	.346	.346	.350	,354

Table 4.9.E.8 -- Continued

Medicaid beginning population still eligible in each **period:SHARE** OF POPULATION USING MENTAL **HEALTH** CARE, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	D OLDER					
E Total	.032	.031	.028	,029	.024	.023	.025	.017	.027	,024
E NOMET	.000	.000	,000	,000	,000	,000	,000	.000	,000	.000
E OMHT	,503	.462	.407	.401	.320	,311	.326	.203	,344	.306
e temet	.000	,000	.000	.000	.000	,000	.000	● 000	,000	.000
K Both	.688	.500	,438	,500	,563	.333	,533	,467	.385	,417
C Total	,031	.034	,030	,031	,032	,028	,030	.018	,033	,029
C NOMET	.000	.000	.000	,000	,000	.000	,000	,000	,000	,000
c OMET	.438	.440	.385	.373	,385	.324	.354	.204	,356	.310
Standard deviation	,174	.175	,166	.170	,162	.155	.162	.130	.167	.159

Table 4.9.E.9

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING MENTAL HEALTH CARE, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u>Pemai</u>	<u> E</u>					
B Total	.053	.059	.057	.057	.060	,060	,061	.063	.068	.067
E NOMET	,000	.000	,000	.000	.000	,000	.000	.000	,000	.000
E OMET	.421	,441	,409	.395	.397	.381	,395	.375	.385	.394
B TPMET	.000	,000	.000	.000	,000	,000	.000	.000	,000	,000
B Both	.582	.594	.569	.527	.547	.540	,490	.599	.620	.536
C Total	.056	,060	.062	.065	,064	.066	.065	,056	.063	.071
C NOMET	.000	,000	,000	.000	,000	,000	,000	,000	,000	,000
C OMET	,435	.442	.438	.444	.425	,426	,403	,339	.369	.410
Standard deviation	,226	,236	,235	,236	,240	,241	,243	,238	.249	,252
				MALE	<u>[</u>					
E Total	.075	.076	.071	.072	.073	,069	.067	.072	,074	.078
E NOMHT	.000	,000	,000	.000	,000	.000	,000	.000	.000	.000
E OMHT	.545	,522	.476	.471	.461	.427	.405	.426	.404	.421
E TFMET	.000	.000	.000	.000	.000	,000	,000	.000	.000	.000
E Both	.752	.757	.739	.656	,656	.641	.609	.598	.574	,652
C Total	.075	,074	,070	.078	.077	.074	.076	.079	.076	.076
C Nomet	,000	.000	.000	.000	,000	.000	,000	.000	.000	.000
C OMET	.572	,544	.495	.535	.509	.467	.470	.472	.429	,433
Standard deviation	,263	.264	.257	.262	.262	.257	,255	,262	.263	.267

 $\beginning beginning population still eligible in each period: SHARE OF $$POPULATION USING MENTAL HEALTH CARE, by mental health treatment status end Medicaid eligibility group.$

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO FAMILI	ES WITH DE	PBNDBNT	CHILDREN				
E Total	.023	.030	.027	,026	.029	,030	.030	,033	.031	.033
E NOMET	.000	,000	,000	,000	.000	,000	.000	.000	,000	.000
E OMET	.285	.336	.298	.279	.287	,282	.288	.299	263	.302
B TFMHT	.000	.000	.000	.000	.000	.000	,000	,000	.000	.000
ß Both	.423	,490	.418	.358	.393	.401	,336	,455	.473	,429
C Total	.027	,029	,030	,032	,030	.034	,032	.031	.030	.034
C NOMET	,000	,000	.000	,000	.000	.000	● 000	,000	,000	,000
C OMET	.316	,324	.317	.330	.293	.326	• 293	.275	,268	.301
Standard deviation	.154	,169	.165	,165	.168	.174	.172	.176	.172	.180
			AGED,	BLIND, AN	ID DISABLEI	<u>)</u>				
R Total	,125	.120	.112	.114	,111	,106	,111	,098	.110	.107
E NOMHT	,000	.000	.000	,000	,000	,000	,000	.000	,000	.000
E OMHT	.548	,517	,466	.476	,450	.419	.430	,368	.409	.394
E TFMHT	,000	.000	,000	,000	,000,	,000	,000	.000	,000	,000
B Both	.704	.680	.692	.627	,635	,634	.615	,629	.667	.641
C Total	.122	.124	,119	,126	.127	,111	.121	.105	.117	.125
C Nomet	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
C OMET	.534	.539	.499	.516	.512	.438	.468	.403	.435	.455
Standard deviation	,330	.326	.318	.323	,321	.310	.318	.301	.316	.317

Table 4.9.E.10 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING MENTAL HEATH CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NERAL ASS	SISTANCE					
B Total	.297	.293	,289	.280	.275	.276	.246	.275	,264	.267
B Nomet	.000	.000	,000	,000	.000	,000	,000	.000	.000	.000
E OMHT	.730	.723	.712	.703	.719	.696	.667	.686	,631	.637
e tymet	.000	,000	.000	,000	.000	.000	,000	,000	.000	,000
B Both	.805	.787	.762	.734	.737	.715	,664	.755	.708	.683
C Total	.271	.263	.270	.285	.290	.276	.257	.237	,225	.241
C NOMET	.000	,000	.000	,000	.000	.000	,000	.000	.000	,000
C OMBY	.746	.728	.738	.775	.799	.759	.720	.670	.632	,640
Standard deviation	.453	.451	.451	.450	• 449	.447	.433	.440	,434	.438
				OTHE	<u>R</u>					
E Total	.040	,044	.038	.041	,045	,036	.038	.050	.078	.074
E NOMET	,000	,000	,000	.000	,000	,000	,000	,000	.000	,000
E OMHT	.452	.415	.354	.362	,368	.295	,300	.381	.475	,459
E TPMHT	,000	,000	,000	.000	.000	,000	,000	.000	.000	,000
B Both	.385	.538	.667	.583	.545	.273	.400	.375	.375	.375
C Total	.052	.061	,054	.061	.049	,051	.064	.064	.060	,069
C Nomet	.000	,000	,000	.000	.000	,000	.000	,000	.000	.000
C OMET	.527	.512	.412	,427	.359	,372	,420	.383	.323	,390
Standard deviation	.206	.217	.203	.212	.210	.197	.210	.228	,258	.259

 $\textbf{Table 4.9.F.1}\\ \label{eq:table 4.9.F.1} \\ \mbox{Medicaid current period population: HOSPITAL DAYS, by mental health treatment status.}$

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.464	.470	,406	.447	,398	• 441	.434	.408	.378	,436
B Nomer	.348	.340	,291	,319	.290	.313	.313	.266	.245	,308
E ONET	1,081	1.118	1.028	1.133	1.025	1.101	1.053	1.188	1.026	1.017
E TPMET	,990	.964	,691	.748	.813	.819	.752	,860	.718	.939
B Both	2.165	2.415	1.856	1.929	1.010	1,742	1.848	1.384	1.513	1.690
C Total	.478	.538	.407	,466	.387	,422	.468	.468	.366	.346
C NOMET	.388	• 415	.310	.348	.297	.308	.375	.340	,249	,261
c OMET	1.083	1.368	1.034	1.209	.945	1.113	1.021	1.217	1.009	.806
Standard deviation	2.962	3.352	2.894	3.157	2.804	3.193	3.152	3.176	2.699	3.242

Table 4.9.F.2 Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	M	RITHER CHR	ONIC MEDIC	M DIAGN	OSIS OR	SUBSTAN	CE ABUSE			
K Total	,285	.276	.247	.251	.236	,254	.235	.196	.185	,196
E NOMET	.251	.236	.205	,215	,202	.212	,213	.166	,154	.167
E OMHT	.643	,616	.608	,552	,545	,628	,503	,524	.404	,391
E TFMHT	.343	.434	,310	.346	.363	.514	.035	.163	• 34a	,083
B Both	.849	1.500	1.752	1.455	.951	.970	.493	,290	.982	1.358
C Total	.303	.345	,263	.267	.242	,241	.275	,216	.184	,144
C Nomet	.284	,297	,238	.204	.206	.204	.248	,196	,158	,112
C OMET	.516	.857	.527	,930	.594	,604	.533	.395	.402	.412
Standard deviation	2.309	2.518	2.319	2.306	2.295	2.589	2.348	2.341	1,861	2.201
			<u>CHR(</u>	ONIC MEDI	CAL DIAGNOS	SES .				
E Total	.736	.772	.668	.738	.624	.701	.714	.671	.586	.735
E NOMET	.558	.554	.471	.527	.449	,492	.506	.440	.380	• 53a
E OMET	1.363	1.532	1.467	1.596	1.403	1.530	1.460	1.548	1.391	1.400
e tymet	1.359	1.315	.946	1.038	1.159	1.075	1.254	1.348	,984	1.529
E Both	2.202	2.600	1.930	2.016	.991	1.893	2.237	1.863	1.649	1.934
C Total	.726	.790	.615	.763	.567	.645	.698	.706	.558	.575
c Nomet	.587	.604	.445	,619	.437	.470	.562	.546	.374	.481
C OMET	1.418	1.710	1.438	1.448	1,190	1.477	1.351	1.465	1.405	1.003
Standard deviation	3.683	4.337	3.646	4.153	3.329	3.846	3.893	3,673	3.322	4.212

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 $\label{thm:continued} Table~4.9.F.2~-~Continued$ Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			Ş	UBSTANCE	ABUSE					
B Total	1.642	1.423	.899	1.414	1.247	1.374	1.305	1.648	1.632	1.436
E NOMET	.720	.757	.417	.878	1.255	1.536	.671	.952	1.382	1.007
e omht	1.610	1.424	.954	1.453	1.273	1.176	1.346	1.971	1.721	1.639
B TFMHT	,909	.000	.357	,714	.438	.000	.000	,364	,000	,000
8 Both	4.750	3.441	1.766	2.488	1.193	2,711	2.899	1.493	1.918	1.339
C Total	1,512	1.978	1.043	1,102	1.260	1.406	1.555	2.450	1.300	1.155
C NOMET	.893	2.481	.636	.689	1.579	1.521	2.250	1.938	1.025	.938
C OMET	1.726	1.798	1.176	1.227	1.157	1.368	1.327	2.615	1.387	1.227
Standard deviation	5.650	5.532	3.872	4.776	4.846	5.177	6.052	7.785	5.714	5.069

Table 4.9.F.3

Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			L	ESS THAN	18 YEARS					
R Total	.134	.159	.107	.140	.120	.165	.147	.148	.106	.131
E NOMET	,135	,161	,106	.134	,111	.151	.126	.122	.093	.108
E OMET	.085	.133	.118	.247	.239	,393	.489	,595	.341	,503
R TFMHT	.293	.067	,245	.172	.504	.352	,395	.265	.065	,120
8 Both	,000	.227	.000	.190	,000	.179	,200	,000	.000	. 455
C Total	.159	.172	,142	,162	.122	.152	,196	.168	.147	,099
c Nomet	.161	,163	.144	.161	.119	,141	.176	.158	.132	.090
C OMET	.119	,326	,120	.175	.173	,342	.518	.330	.389	.257
Standard deviation	1.482	1.813	1.780	1.903	1.558	2.483	1.915	2.000	1.803	1.729
			18	THROUGH	59 YEARS					
E Total	, 898	.872	.817	.878	.808	.840	, 841	, 787	.742	.780
B NOMET	.687	, 593	.590	.626	, 616	, 591	, 634	.508	.478	.524
E OMET	1. 407	1.487	1. 364	1. 456	1. 328	1. 369	1. 271	1. 435	1. 254	1. 232
E TFMHT	.850	1.021	.778	,958	.961	1.005	.844	1.077	.979	1.183
B Both	2.311	2.584	1.992	2.053	1.063	1.868	1.879	1.441	1.643	1.765
C Total	.904	1.026	.763	.855	.752	.812	.826	,862	.645	.663
C NOMET	.737	.804	.580	.622	.589	,592	.687	.615	.396	.513
c omet	1.410	1,691	1,290	1.493	1.182	1.371	1,169	1,452	1.201	,994
Standard deviation	4.069	4.457	3.924	4.250	3.952	4.018	4.247	4.350	3.422	3.952

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Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AND	OLDER					
E Total	.519	.547	.392	.414	.317	.416	.439	.375	.392	.647
E NOMET	.457	.538	.393	.414	.317	,411	.413	.359	.367	,661
E OMET	.776	.162	.231	,400	,210	,425	• 435	.401	.799	.180
E TYMET	3.500	2.346	1.000	,451	.431	.610	• 927	.648	.381	1.140
K Both	.750	.556	,211	,444	1.056	.471	3.412	1.941	.533	1.714
C Total	.480	.586	.411	,542	.368	.362	.538	,519	.389	.366
C NOMET	.487	,550	.359	,492	,354	,359	,516	.472	.380	.383
C OMET	.388	1.040	1.118	1.205	.569	.412	.855	1.200	,515	,160
Standard deviation	3.424	4.295	2.759	3.313	2.436	2.882	3.402	2.878	3.108	4.975

 $Table\ 4.9.F.4$ Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	E					
K Total	.472	.489	.408	,444	,420	.459	.433	.417	.421	,462
E NOMET	.360	.363	,306	,332	,322	.345	.324	.279	.288	.349
E OMET	1.018	1,075	1.006	1.095	.979	1.073	1.009	1.168	1,113	,985
E TFMHT	1.176	.997	,815	.856	.903	.866	.771	.910	,688	1,064
B Both	2,206	2.624	1.378	1.406	1.030	1.515	1.702	1.500	1.507	1.342
C T o t a l	.455	.538	.416	,441	.395	.412	.457	.478	,332	.356
C Nomet	.376	.438	.313	.337	.297	.314	.374	.362	.234	.253
C OMMT	,994	1.226	1.103	1.127	1.040	1.051	.985	1.187	.899	.941
Standard deviation	2.649	3.207	2.446	2.670	2.714	3.116	2.776	2.856	2.524	3.242
				MALE						
E Total	.453	,444	.403	,452	.367	.415	.436	.396	.311	,396
E NOMET	.331	.306	.268	,299	.242	.267	,297	.246	,178	.244
E ONET	1.162	1.170	1.055	1,179	1.078	1.134	1.103	1.214	,912	1.059
E TYMET	.438	.867	.321	.450	.567	.683	.699	.721	.812	.536
R Both	2.083	2.027	2.716	2.911	.975	2.188	2.129	1.174	1.523	2.346
C Total	.512	.539	.394	,503	.376	.436	.485	.454	.419	.330
C NOMET	.405	.379	,305	,365	.296	.298	.378	.305	.271	.274
C OMMT	1.216	1.570	.938	1.322	.819	1.192	1.068	1.257	1.161	.614
Standard deviation	3.370	3.554	3.449	3.759	2.930	3,302	3.628	3.605	2.950	3.242

Table 4.9.F.5

Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAMILIES	WIII DBPB	NDBNT C	HILDREN				
E Total	.282	.276	,236	,258	.226	,242	.236	,229	.209	.208
E NOMHT	.255	,239	.210	.221	.193	.196	.201	.175	.167	.181
E OMET	.530	.611	.446	.531	.470	.653	.555	.734	,642	.478
E TYMHT	.405	.407	.515	.661	.723	.706	,482	.620	.258	.303
B Both	1.103	1.305	.975	1.122	.564	.648	.739	.753	.654	.464
C Total	,304	.310	.244	.246	,206	,231	,212	,239	.198	,203
C NOMET	.278	.275	,221	,216	.171	,202	,194	.208	.160	,160
C OMET	,582	,692	.494	.572	,586	.540	.408	• 574	.588	.627
Standard deviation	1.908	1.971	1.706	1.847	1,456	1.666	1.679	1.792	1.532	1.491
			AGED,	BLIND, AN	ND DISABLE	<u>ED</u>				
B Total	,932	1,014	.875	.944	.847	,858	.845	.755	.723	.981
E NOMHT	.612	.706	.639	,663	.573	,698	.647	.564	.575	.813
E OMHT	1.696	1.769	1.601	1.780	1.750	1.122	1.282	1.456	1.039	1.271
E TFMHT	3.163	2.220	1.111	1.534	1.495	1.627	1.467	,845	1.889	2.407
B Both	2.822	3.000	2.065	2.274	1.646	2.509	2.538	1.118	1.485	2.131
C Total	.928	1.031	,904	1.152	,762	.921	,936	1.018	.622	.575
C NOMET	.718	.768	.679	.828	.647	.670	.782	.843	.523	.557
C OMET	1.637	1.916	1.654	2.213	1.137	1.735	1.449	1.590	.929	.631
Standard deviation	4.740	5.500	5.268	5.638	4.864	5.736	5.096	5.022	4.351	5.919

Table 4.9.F.5 -- Continued

Medicaid current period population: HOSPITAL DAYS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>G</u> E	NERAL AS	SISTANCE					
B Total	1.095	.997	,969	1.058	,869	1.090	1.050	1.026	.905	1.000
E NOMET	.681	.469	.495	.619	.548	.531	.547	.497	.274	.43
R ONET	1.546	1.557	1.499	1,566	1.394	1.787	1.669	1.599	1.652	1.653
E TFMET	.794	1.485	.986	.351	,699	.474	.929	2.477	1.156	.72
B Both	2.686	2.801	2.327	2.485	,948	2.202	2.231	2.030	2.420	2.550
C Total	1.113	1.238	,910	.990	,969	1.058	1.129	1.156	1.001	.80
C NOMET	.855	.705	.563	.709	,682	.751	,866	.727	.454	.47
C ONNT	1.564	2.120	1.438	1.397	1.380	1.479	1.476	1.775	1.800	1.269
Standard deviation	4.685	4.608	4.393	4.588	4.013	4.591	4.472	5.554	4.301	4.299
				OTHE	<u>R</u>					
B Total	,568	.574	,381	.429	.423	.508	.493	.436	,293	.34
E Nomet	.526	.547	.319	,384	,424	.479	.462	,320	,202	.253
E OMET	,863	.484	,827	.862	.442	.804	.638	1.239	.850	.69
E TFMET	1.833	1.946	,651	,326	,159	.395	1.000	.067	.688	4.333
B Both	1.308	3.882	2.600	.619	,550	.222	1.824	3.583	.100	.000
C Total	.494	,808,	,360	.442	.471	.276	.745	,332	,324	.42
C NOMET	.472	.791	.324	,423	.457	.250	.718	.198	.243	.33
C OMET	.697	.962	.673	.599	.585	.488	.937	1.172	.772	,902
Standard deviation	3.706	5.080	2,767	3.329	3.721	3.650	4.470	3.005	2.251	3.032

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 $Table\ 4.9.F.6$ Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.464	.415	,346	.368	,323	.364	.381	.393	.363	,424
E NOMHT	.348	,280	.237	.236	.211	,219	.242	,244	.211	,280
E OMET	1.081	1.064	,909	1.014	.878	.986	1.040	1.056	.982	.988
E TFMHT	.990	.820	.577	.724	.731	.843	.647	,926	.649	.897
E Both	2.165	2.412	1.599	1.704	1.065	1.677	1.408	1.332	1.540	1.503
C Total	.478	.459	.320	.374	.316	.357	.370	,422	.351	.324
C NOMET	,388	.326	,224	.271	,211	,240	.271	.303	.247	.275
C OMET	1,083	1.309	.901	.976	,901	,992	.880	1.020	.853	.561
Standard deviation	2.962	3.069	2.431	2.707	2.360	2.632	2.689	2.867	2,500	2.977

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Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	NE	ITHER CHR	ONIC ME	DICAL DI	AGNOSIS	OR SUBSTA	NCE ABUSE			
E Total	.285	.218	.171	.174	,165	.173	.157	.167	,158	.159
B Nomet	.251	.184	,139	,138	.127	,123	,132	.147	.123	.131
E OMET	.643	• 494	.400	,422	.402	.506	.417	.365	.329	• 319
E TFMHT	.343	.273	.312	,331	,346	.500	,023	.151	.271	.074
K Both	,849	1.350	1.231	1.207	1.226	,991	.080	,011	1.090	.947
C Total	.303	,255	.156	.176	,165	. 140	.156	,173	.159	,136
C NOMET	.284	.210	,129	.124	.120	.103	.133	.140	.144	.117
C OMET	.516	,693	,402	.633	.530	.431	.326	.411	,264	.267
Standard deviation	2.309	2.196	1,323	1.702	1.522	1.720	1.426	1.806	1.380	1.883
			<u>CHRONIC</u>	MEDICAL D) IAGNOSI	ES_				
E Total	,736	.691	,599	.595	.504	.576	.625	,612	.543	.687
E NOMHT	,558	.462	.414	,393	.341	.361	.397	.367	.305	.470
E OMHT	1.363	1.510	1,371	1.377	1,151	1.307	1.442	1.402	1.339	1.346
E TFMET	1.359	1,154	.727	.975	,966	1.063	.988	1.367	.875	1.384
E Both	2.202	2.523	1.684	1.635	.977	1.727	1.824	1.724	1.741	1.789
C Total	.726	.703	,540	.605	.469	.583	.589	,644	.531	,527
C NOMET	,587	.491	.373	.485	.337	.413	.441	.460	.362	.459
C OMET	1.418	1.750	1.348	1.168	1.075	1.369	1.257	1.465	1.262	.815
Standard deviation	3.683	3.963	3.483	3.540	3.059	3.353	3.612	3.474	3.139	3.788

 $Table\ 4.9.F.7\ --\ Continued$ Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE	ABUSE					
E Total	1.642	1.494	.844	1.616	1.202	1.321	1.342	1.770	1.652	1.484
E NOMET	.720	.630	,256	.866	.514	.569	,650	1.055	1.649	1.000
E OMET	1.610	1.483	,915	1.733	1.561	1.397	1.547	2.096	1.792	1.824
B TFMHT	,909	,000	,455	.000	.300	,000	.000	.500	.000	.000
B Both	4.750	4,109	1.981	3.137	1.180	3.044	2.300	2.219	1.313	1.036
C Total	1.512	1.797	.697	1.150	1.152	1.121	.974	1.648	,994	,450
C NOMET	.893	2.066	.451	.692	.431	.672	.542	2,938	.717	.510
C OMET	1.726	1.690	.795	1.354	1.493	1.327	1.161	1.187	1.108	,423
Standard deviation	5.650	5.501	2.978	5.313	4.215	4.740	4.319	6.993	5.692	4.451

Table 4.9.F.8 Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and age in 1983.

Mental heal tb					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>L</u> E	SS THAN	18 YEARS					
E Total	.134	,112	.083	,091	.058	.070	.076	.078	,047	.065
E NOMET	.135	.111	.080	.090	.051	,059	,063	.070	.037	.063
E OMET	,085	.133	.128	,100	.107	.241	.278	,209	.203	.102
B TYMHT	.293	.071	.167	.093	,438	.021	,082	.068	.000	.034
B Both	.000	.000	,000	,235	.000	,278	.000	.000	,000	.000
C Total	,159	.099	.070	.088	.063	,052	.066	,090	.108	,085
C NOMET	.161	,091	.069	,090	,062	.043	,054	,085	.092	.086
c onet	.119	.230	.090	,054	.073	.191	,226	.163	.323	.079
Standard deviation	1,482	1.240	.882	1.149	.753	.856	,960	1.065	.958	.864
			<u>18</u> '	THROUG	H 59 yrars					
E Total	.898	.788	.689	.727	.666	.717	.736	.764	.737	.780
E NOMET	.687	.486	.455	.433	.441	.408	.460	.462	.463	.480
B OMHT	1.407	1.446	1.220	1,359	1.195	1.288	1,332	1.372	1.198	1,301
B TPMET	.850	.783	.774	.945	,899	1.135	.768	1.179	,894	1.125
B Both	2.311	2.606	1.728	1.837	1.120	1.791	1.544	1.434	1.687	1.653
C Total	.904	.922	.613	.714	.621	.730	,676	.770	.581	,551
C NOMET	.737	,664	.424	.510	.405	.505	,495	.570	.379	.470
C OMET	1.410	1.653	1.123	1.244	1.167	1.276	1.094	1.214	1.013	.721
Standard deviation	4.069	4.131	3.466	3.806	3.413	3.746	3.638	4.042	3.369	3.770

Table~4.9.F.8~--~Continued Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and age in 1983.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	D OLDER					
E Total	,519	.574	,395	,413	.330	,433	.446	,416	.307	.551
E NOMHT	.457	.566	,412	.410	,341	,434	.436	.401	.260	.570
E OMHT	.776	.170	.257	.457	.140	.331	.461	.429	.961	.218
B TFMHT	3.500	2.711	,000	.561	.179	.725	1.053	,921	.300	1.097
B Both	,750	,250	,125	,000	.875	.533	,000	.800	.000	.000
C Total	,480	.570	.445	.485	.359	.377	.538	,543	.468	.438
C NOMET	.487	.525	.393	.438	.333	.373	.538	.467	.456	,464
C OMET	,388	1.112	1.064	1.009	.635	,422	,542	1.355	.589	,184
Standard deviation	3.424	4.437	2.827	3.048	2.465	2.915	3.396	2.920	2.853	4.301

Table 4.9.F.9

Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	<u>B</u>					
B Total	.472	,434	,359	.386	.358	.389	.382	.424	,392	.433
E NOMET	.360	.306	.258	.265	.248	,248	.257	.275	.236	.307
E OMBT	1.018	1.017	,910	.995	.882	.978	.928	1.086	1.029	,900
B TFMHT	1.176	.862	.706	.859	,812	.932	.657	.920	.636	1.014
E Both	2.206	2.426	1.168	1.279	1.122	1.512	1.441	1.355	1.643	1.297
C Total	,455	.475	,330	.382	.327	.349	.410	.432	.366	.343
C NOMET	.376	.374	,228	.301	.227	.252	,309	.311	,260	.274
C OMET	.994	1.122	.953	.857	,891	.880	.933	1.047	.888	.673
Standard deviation	2.649	2.976	2.167	2.593	2.422	2.551	2.651	2.847	2.474	2.773
				MALE						
B Total	.453	.386	.327	.342	.267	,322	,380	.340	.313	.407
E NOMET	,331	.240	,204	.191	.153	,171	.217	,190	.167	.232
E OMHT	1.162	1.124	.908	1.040	.874	.997	1.202	1.011	.911	1.120
B TFMHT	,438	.695	,202	.315	.486	,554	.617	,944	.700	.467
B Both	2.083	2.386	2.500	2.656	.938	2.085	1.327	1.280	1.317	1.989
C Total	,512	.433	,304	.360	.297	.370	.302	.405	.325	,293
C NOMHT	.405	.249	.218	.221	.186	,219	.208	,290	,225	.276
C OMHT	1.216	1.603	.817	1.174	,918	1.172	.792	.976	.793	.372
Standard deviation	3.370	3.205	2.797	2.880	2.255	2.760	2.750	2.900	2,544	3.300

Table 4.9.F.10

Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and Medicaid eligibility group.

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Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO PAMILI	ES WITH DE	PENDEN'	T CHILDREN				
E Total	.282	.242	.201	,215	.193	.193	,222	.214	.198	.199
R Nomet	.255	,200	.169	.167	.147	.138	.178	.151	.144	.170
E OMHT	.530	,588	.404	.499	,468	.548	.545	,644	.621	.457
B TFMHT	,405	.397	.522	.686	.743	.733	.397	.678	.253	.207
B Both	1.103	1.271	1.048	1.223	.690	.606	.718	,683	.691	.343
C Total	,304	,259	.189	,205	.181	,181	.191	.237	,225	.206
C NOMET	.278	.225	,164	.182	,140	,146	.160	.195	,168	.166
c OMHT	,582	.613	.427	,422	,543	,482	,439	.574	.682	.521
Standard deviation	1.908	1.711	1.352	1.702	1.353	1.440	1.804	1.690	1.518	1.515
			AGED,	BLIND, AN	D DISABLE	<u>D</u>				
B Total	.932	.986	.781	.792	.689	.738	.782	.766	.643	,892
E NOMET	.612	.692	.558	.515	.410	,528	.560	,583	,430	.676
E ONHT	1.696	1.642	1.521	1.623	1.506	1.068	1.320	1,330	1.097	1.290
E TFMHT	3,163	2,342	.654	1.250	1.164	1.534	1.714	1.145	1,667	2.576
8 Both	2.822	3.227	1.685	1.889	1.794	2.772	1.656	1.078	1,704	1.922
C Total	.928	,965	.726	1.031	,680	.797	.842	,920	.590	.558
C NOMET	.718	,683	,506	,691	.499	.577	.635	.693	.442	.537
C ONHT	1.637	1.910	1.432	2.081	1.227	1.440	1.438	1.562	.993	.614
Standard deviation	4.740	5.466	4.292	4.634	3.814	4.337	4.310	4.676	3.736	4.964

Table 4.9.F.10 -- Continued Medicaid beginning population still eligible in each period: HOSPITAL DAYS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	NERAL ASS	ISTANCE				•	
E Total	1.095	.977	.837	.840	,615	.987	,885	.962	.972	1.006
B NOMHT	,681	• 419	,392	.388	.337	.321	,230	.384	.319	,305
E OMHT	1,546	1,545	1.329	1.384	1.128	2.009	1.946	1.450	1.688	3 1.784
E TFMHT	.794	.983	,690	.288	,352	,500	.490	2.156	1.226	5 1.000
B Both	2.686	2,974	2.146	2.187	.842	1.954	2.082	2,510	2.448	3 2.610
C Total	1,113	1.149	.705	.588	.759	.a80	,684	.667	.711	.569
C Nomet	.855	.517	.384	.447	,359	.423	.458	.485	.490	.498
C OMET	1.564	2.267	1.259	,831	1.463	1.678	1.090	1.000	1.111	.686
Standard deviation	4.685	4.615	4,109	3.915	3.259	4.491	3.758	4.134	4.103	3.974
				OTHE	<u>R</u>					
B Total	.568	,297	,245	.314	.298	• 288	,155	,302	.178	,238
B Nomet	.526	,251	.193	.240	,301	,221	,084	.142	.094	,153
E OMET	,863	,603	.646	,963	,309	.763	.646	1.469	,636	,429
E TYMHT	1.833	.792	.727	.429	.000	.750	,500	.000	,000	10.000
B Both	1.308	1.308	.500	.083	,364	.000	.000	.000	.125	.000
C Total	.494	.497	,223	,141	.160	.215	.299	,296	.262	,364
C NOMET	,472	.485	.132	.113	.144	.197	,260	.121	.217	.413
C OMET	.697	.589	.833	.309	.261	,333	.519	1.173	.462	,136
Standard deviation	3.706	3.793	2.071	2,474	3.450	2.265	1.684	2.398	1.662	2 2.795

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Table **4.9.G.1**Medicaid current period population: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
R Total	.070	,066	,064	.063	.059	.062	.060	,055	,053	,052
R NOMET	.061	.056	.054	.053	.049	.052	.050	.045	.041	.042
E ONET	.119	.113	,115	.115	.108	.112	.113	.111	.109	,100
E TYMET	,149	.125	.110	.108	.119	.110	.084	.092	.092	,093
B Both	.192	,229	,192	.178	.136	.170	.140	.138	.131	.135
C Total	.073	,070	.063	,063	.056	.060	.059	,055	.048	.050
C NOMET	.064	,059	.055	.054	.047	.052	,052	.047	,039	,042
C OMET	.129	.142	.110	.119	.112	.108	,102	.100	,099	,097
Standard deviation	.257	,251	.244	,243	,233	.240	.237	.228	.221	.221

Table **4.9.G.2**Medicaid current period population: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	Ĭ	EITHER CE	RONIC ME	DICAL DIAGNO	SIS OR SU	BSTANCE A	BUSE_			
B Total	.053	.049	.049	.046	.043	,045	,041	,034	.035	.032
R Nomet	,051	.046	.045	,043	.041	.041	.039	.032	,031	,029
E OMHT	,074	,065	.071	.069	.057	.074	,062	,056	.057	.051
E TFMHT	.089	.077	.076	,093	.080	.100	.018	.048	,081	,038
B Both	.095	,150	.170	.162	.104	,102	.055	,038	,091	.092
C Total	,053	,052	,049	.047	,039	,043	.041	,033	,031	.028
C NOMET	.051	.049	.047	.042	.036	,041	,040	,031	,028	.026
C OMET	.079	.091	.075	.096	.069	.064	.057	,051	.059	,046
Standard deviation	.224	.217	.216	.210	.201	,206	.198	.181	.181	.17
			<u>CHRON</u>	VIC MEDICAL	DIAGNOSE	<u>ES</u>				
E Total	.098	.094	,088	.088	.079	,086	,086	.084	,072	.07
E NOMET	.082	.076	.071	.074	.063	.071	.071	.067	,056	.06
E OMHT	.153	,153	.155	.148	.142	.139	.148	,149	.141	.12
E TFMET	.181	.157	.132	.116	.148	,123	,132	.123	.104	.13
B Both	,223	.244	,198	,174	.155	.192	.159	.173	,133	.14
C Total	.102	,093	.081	.087	.078	.081	.082	.081	.065	.07
C NOMET	.091	.078	• 070	.076	.063	,070	.072	• 071	.054	.06
C OMET	.159	.170	.137	.135	.145	.137	,134	.126	.117	.12
Standard deviation	,300	.291	.280	.283	.269	.278	.279	.276	.255	,265

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Table **4.9.G.2** -- Continued Medicaid current period population: **SHARE** OF POPULATION USING HOSPITAL CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE	ABUSE					
E Total	.151	,153	,126	.148	.151	.147	.147	.151	.168	.162
E NOMHT	.091	.146	.096	.106	.172	,153	,131	.144	.188	.169
E OMET	.159	,138	.127	.151	,149	,139	.145	,150	.161	.158
R TYMHT	.182	.000	.071	.143	,125	,000	.000	.091	,000	,000
B Both	.250	.324	.208	,220	.125	.217	.228	.188	.197	.196
C Total	.159	,203	,124	.124	.134	.138	.129	,156	.147	.149
C NOMET	.097	.208	.127	,104	.158	,143	,133	.165	.150	,198
C OMHT	.181	,202	,122	,130	.126	,136	.127	.153	,146	.132
Standard deviation	.361	.375	.331	.347	,352	,351	.348	.360	,368	.364

Table **4.9.G.3**Medicaid current period population: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS TEAR	18 YEARS					
B Total	,030	,030	.027	.028	.027	.032	.031	,028	.023	.026
E Nomet	.030	,029	,026	.028	,026	,030	,029	.026	,021	.024
R OMET	,028	,035	,035	.036	.036	.051	.057	.052	.047	.057
E TFMHT	.081	.019	.027	,039	.065	.069	,047	,027	,022	.022
B Both	.000	,045	.000	,048	,000	,036	.040	,000	.000	,045
C Total	.031	.029	.027	.028	.026	,032	,032	.027	.022	.022
C NOMET	.030	,028	.027	.027	.025	,031	,030	.026	,021	.021
C OMHT	,040	,055	.028	,046	.037	,058	.061	.049	,039	,036
Standard deviation	.171	.169	,162	.166	.161	.175	.174	,163	,148	.155
			<u>18</u>	TVROVGH	59 YEARS					
B Total	.129	.120	.119	,116	.109	,110	.106	.099	.099	,092
E NOMET	.119	,106	,106	.102	,097	.097	,095	.083	,083	.077
E OMET	.149	,142	,146	.143	.136	.135	.134	.135	.132	.118
E TFMIT	.159	.147	.141	.136	.143	.130	,098	,118	,122	.121
B Both	.203	,242	.202	,187	,142	.179	.146	.145	.142	.143
C Total	.133	.130	.117	,116	,102	.104	.103	.096	,090	.091
C NOMET	.123	.117	.110	.106	.089	,095	.097	.087	.077	.079
C OMHT	.161	.170	.136	.143	,137	.126	.117	.118	.120	,118
Standard deviation	.337	.329	,323	,320	,309	.311	.307	.298	,295	.288

Table 4.9.G.3 -- Continued

Medicaid current period population: **SHARE** OF POPULATION USING HOSPITAL **CARE**, by mental health treatment status **and** age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	D OLDER					
I Total	.054	.048	,045	.047	.037	.042	.043	,040	.036	.042
E NOMHT	,049	.046	.046	.047	.037	.040	.041	.039	,035	.042
E OMET	.082	,034	.027	,049	.023	,052	.059	.043	.052	.027
E TFMHT	.217	.173	,039	.039	,069	.068	.073	.056	.048	,070
K Both	.125	,111	.105	,056	.167	.118	.118	.176	.067	,071
C Total	.058	,054	.041	,043	,032	,040	.037	.044	.028	.038
C NOMET	.061	.052	,038	,041	,032	.039	,036	,043	.028	,040
C OMMY	,025	.089	,084	.074	.043	.044	.055	.048	.019	.020
Standard deviation	.228	.219	.205	.209	.185	.198	.198	.200	.179	.198

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Table **4.9.G.4**Medicaid current period population: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and gender.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				Pemal	<u>E</u>					
B Total	,082	.077	.076	.073	.069	.072	,069	.066	,062	.061
E NOMHT	.073	.066	,066	.064	,059	.062	.060	,055	.050	.050
E OMHT	.126	,130	,129	.124	.117	.120	.123	,129	.125	,113
e temet	.165	.132	,132	,113	,133	,123	.086	.100	.103	,113
B Both	,215	.262	.183	.181	.143	.171	.140	.141	.141	.121
C Total	.084	.079	.072	.072	.064	,069	.069	.065	.055	.058
C Nomet	.076	,069	.064	,063	.054	.062	,063	.057	.046	.049
C OMET	,135	,144	.122	.129	,130	.118	.103	,113	,105	.113
Standard deviation	,276	.268	,262	,260	,250	,257	.253	.247	.237	.237
				MALE						
E Total	,053	,050	.047	,049	.044	.048	.047	,040	,038	,040
E NOMET	.043	.041	.037	.038	.034	.037	,036	.030	.028	.030
E ONHT	.110	.093	,098	.103	.096	,103	.101	.088	.087	.083
E TFMET	.099	.104	.043	.094	.082	.073	.078	.071	.059	.031
B Both	.146	.169	.206	.172	,123	.168	,140	,134	.114	.162
C Total	.056	.057	,049	.050	.043	.045	,045	.039	,039	.038
C NOMET	.046	.044	,042	.040	.035	.036	.034	.031	.029	.030
C OMET	.119	.139	.094	.105	.088	.095	.102	.084	.089	.074
Standard deviation	,226	.223	.213	,216	.205	.212	,210	.195	,192	.194

Table **4.9.G.5**Medicaid current period population: **SHARE** OF POPULATION USING HOSPITAL CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO FAMILIES	WIN DEPE	ENDENT C	HILDREN				
E Total	.062	.058	.056	.054	,051	• 053	.051	• 04?	• 045	,044
E NOMET	.058	,053	,051	.050	.047	,048	.047	,041	,039	.040
B OMET	.104	.098	.101	.085	.088	.090	,096	.096	.105	.078
E TYMHT	.109	.090	.093	.104	.122	,115	,066	.078	,074	,068
B Both	.147	.210	.135	.151	.106	.153	.099	.120	.077	.080
C Total	.064	.059	.057	.053	.048	,052	.050	.047	.040	,044
C NOMET	.059	.054	,053	,049	.043	.048	.047	.043	.035	,038
c OMBT	,120	.121	,101	.104	.107	,089	,089	.088	.090	,099
Standard deviation	,243	.234	,230	.225	.219	.223	.220	.211	.204	.205
			AGED,	BLIND, AN	ID DISABLE	ED_				
E Total	,082	.084	.079	.080	.072	.066	.071	.065	.061	.063
E NOMHT	,062	,063	.065	,063	.053	,054	,059	,054	.052	, 0 5
E ONHT	,123	.130	.114	.125	.115	.091	,100	.095	.075	.083
E TFMHT	.238	.187	.101	,136	.174	.127	.131	.097	.156	.128
K Both	.215	,236	.194	.204	.193	.164	,154	.111	.125	.154
C Total	,085	.085	.073	,080,	,062	,069	,063	,069	,049	.054
C NOMET	,079	.069	.059	.060	.049	.056	.051	.060	.041	.049
c OMHT	.103	.137	,122	,144	.104	.112	,101	.099	.075	,068
Standard deviation	.275	.278	.267	.272	. 252	.250	. 252	.249	,232	.237

Table **4.9.G.5** -- Continued

Medicaid current period population: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>G</u>	ENERAL I	ASSISTANCE					
B Total	.123	.107	,110	.112	.100	,113	,109	.107	.096	.100
B NOMHT	.093	.074	.076	.076	.073	.071	.073	,065	,050	.057
E OMET	,155	.137	.140	,158	.143	.164	,158	.157	,156	,156
E TFMHT	.190	,162	.183	.095	.084	,090	.100	.185	.089	.116
B Both	.213	.251	,229	.183	.117	.197	.167	.178	.189	.178
C Total	.123	.124	.097	,105	.108	,108	.109	,096	,101	.090
C NOMET	.089	.080	.076	.084	,082	,088	,091	,079	.070	,060
C OMET	.183	.198	,127	,136	.146	,135	,134	,121	,146	,132
Standard deviation	.329	,316	,308	,313	.304	.315	,312	.305	.297	.296
				OTHE	<u>R</u>					
B Total	.064	,060	.055	.056	,048	.065	,053	.049	.043	.042
E Nomet	.062	,058	.047	.052	.046	.061	,050	,043	.034	,032
E OMHT	,068	,060	,107	,083	.062	.098	.074	,088	,096	.089
E TFMHT	,250	.216	,140	.093	.023	,053	.103	,033	.063	.267
B Both	,231	,118	,250	.143	.150	.056	,118	.167	.100	.000
C Total	.070	.076	,055	.065	.048	,051	,060	.041	.051	,050
C NOMHT	,069	.075	.054	.066	.049	.047	,060	,032	.045	.042
C ONET	.079	,082	.065	.058	.040	.085	.063	,098	.081	.090
Standard deviation	.249	.247	.228	.235	.213	.238	.229	.210	.208	.206

Table 4.9.G.6

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
K Total	• 070	.061	.057	,053	.049	,051	.052	,051	.049	.048
E NoMET	.061	,050	,046	,042	.038	.039	,040	,038	.037	.038
E OMHT	.119	.110	.111	.105	.097	.099	,109	.104	,099	.088
B TPMHT	.149	.118	,092	.090	.102	.101	.074	,105	.076	.096
8 Both	.192	.231	.178	.158	.147	.153	.129	.143	,130	,121
C Total	.073	.063	.053	,053	.047	.047	,053	.052	.048	.049
C NOMET	.064	.052	.045	,045	.037	.038	.044	.045	.040	,042
C OMET	.129	.131	,106	.100	,102	.094	,098	.091	.091	,083
Standard deviation	.257	.240	,229	,224	.214	,217	,223	,221	.216	,215

Table **4.9.G.7**Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		EITHER CHRO	NIC HEDICAL	DIAGNOSIS	OR SUE	STANCE	ABUSE			
B Total	,053	,042	.039	,033	.033	.031	,031	.029	,030	.028
B Nomet	,051	.040	.036	.030	.030	.027	,029	.026	.027	.026
E OMET	.074	.056	.059	.055	.049	.056	.053	.049	.044	.036
B TFMHT	.089	.067	.058	,075	.052	.088	.008	.056	.073	.042
B Both	.095	.145	,145	,126	.132	.065	,030	,011	.077	.079
C Total	.053	.042	.038	.034	,030	.028	.033	.032	.033	,025
C NOMET	,051	.039	,034	,029	.026	.025	,032	.029	.030	.024
C OMHT	.079	.074	.072	.079	.064	.048	.045	.052	.052	.037
Standard deviation	.224	.201	.192	.180	.176	,171	.175	.170	.172	,162
			CHRONIC	MEDICAL D	IAGNOSE	<u>S</u>				
E Total	,098	,087	.082	.077	.066	.073	.074	.074	.067	.067
E Nomet	.082	.067	.064	.062	.049	.056	.056	.054	,049	,052
E OMHT	.153	.152	,153	.134	.124	.125	.142	.134	.129	.115
E TPMET	.181	.151	.110	.101	.131	.112	.110	.131	.082	.130
B Both	.223	,240	.182	.152	.154	.178	.155	.175	.142	.124
C Total	.102	.088	.073	.074	.064	.067	.072	.072	.062	.072
C NOMET	.091	.073	.061	.067	,051	.055	,058	,062	,050	.061
C OMET	.159	,165	.132	.108	.123	.123	.134	.119	.113	.116
Standard deviation	.300	.282	.269	.265	.247	.257	.261	.260	.247	.253

Continued

Table **4.9.G.7** -- Continued Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			(SUBSTANC	E ABUSE					
B Total	.151	,166	,129	.168	.153	.148	.160	.164	.164	.159
B Nomer	.091	.137	,083	,126	.119	.128	.130	.121	.162	.171
E OMHT	.159	,153	,133	,177	.173	.148	,167	.166	.168	,153
E TPMHT	.182	.000	.091	,000	,100	.000	.000	.125	.000	,000
R Both	.250	.364	.226	.255	,140	.222	,225	.281	,188	,214
C Total	,159	,188	.111	.123	.138	.107	,122	,121	.127	.119
C NOMET	.097	.187	,098	.077	,125	.060	.119	.167	,109	.163
C OMET	.181	,188	.117	.143	.145	.129	.124	.104	.135	.099
Standard deviation	.361	.379	,328	.359	.355	.340	,354	,355	.358	,352

 $\begin{tabular}{llll} Table $4.9.G.8$ \\ Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and age in 1983. \\ \end{tabular}$

Rental healt	h				Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS TEAN 18	YEARS					
B Total	,030	,026	.023	.020	.016	,018	.017	.016	.013	.017
E NOMET	,030	,025	,022	.019	.015	.017	,015	.015	.012	.017
E OMHT	.028	,031	.040	.026	.021	.038	,036	.032	.022	.023
e temet	,081	.020	.011	.041	.052	,010	,035	.014	.000	.017
B Both	.000	.000	,000	.059	.000	,056	.000	,000	.000	.000
C Total	,031	.025	,022	,021	,016	.016	,020	,020	.019	.018
C NOMET	.030	.023	,021	.020	,015	.015	.017	.019	.017	.017
C OMBT	.040	.048	,031	.027	.030	,036	.054	.038	.036	.032
Standard deviation	.171	.157	.148	.141	,124	.130	.132	,130	.120	.130
			<u>18</u>	THROUGH	59 YEARS					
E Total	.129	.112	.106	.099	.096	.095	,099	,096	.095	,087
E Nomet	,119	.094	.089	.081	.079	.078	,083	.076	.079	.071
E OMET	.149	.143	.140	• 135	.129	.124	.137	.131	.124	,110
E TPMHT	,159	.136	.127	,111	,125	,135	,085	.135	.106	,125
B Both	.203	.248	.190	.168	.154	.158	,141	.152	,143	.133
C Total	.133	.118	.099	,098	.090	.090	,097	.092	,089	.087
C NOMET	,123	,104	.087	.087	.075	.079	,090	.084	.077	.079
C OMET	.161	.159	,131	.125	.128	.117	,115	.109	.112	.103
Standard deviation	.337	.318	.305	.298	.292	.291	.298	.293	.291	,282

Table 4.9.G.8 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AND	<u>OLDER</u>					
E Total	.054	.049	.046	.048	.036	.042	,042	,042	,034	.038
E NOMHT	,049	.047	,048	,048	,036	,041	,041	,041	.032	.038
E OMHT	.082	.035	,030	,056	.020	,041	,050	.045	.063	.032
B TFMHT	.217	,200	.000	,049	,051	.075	.079	.079	.033	.065
B Both	.125	.063	.063	,000	.125	,133	,000	,133	.000	,000
C Total	.058	.053	.044	,042	.036	.036	,038	.048	.032	.043
C NOMET	.061	,050	.042	.040	.034	.037	.037	.048	,033	.045
C OMHT	.025	,095	.073	,064	,048	,029	,052	.054	.022	.023
Standard deviation	.228	.219	.208	,210	.186	,196	,198	.206	.179	.196

Table 4.9.G.9

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	<u> </u>					
E Total	.082	.070	.066	.062	.058	.059	,060	,060	.057	.056
E NOMET	.073	.058	.056	.051	.047	.047	.049	.047	.044	.045
E OMHT	.126	,125	.122	.116	,109	.106	.117	.118	,112	,095
E TFMHT	.165	.126	.111	.093	,114	.120	.077	,113	,092	.118
B Both	,215	,254	.168	.167	,157	.152	,141	.140	.145	.120
C Total	.084	.071	.060	.061	.054	.054	.060	.063	.057	.057
C NOMHT	,076	,062	.051	.053	.043	.045	,053	.054	.047	,048
c onet	.135	.128	.112	.104	,118	,100	.098	,104	,103	.104
Standard deviation	,276	,256	,245	,240	.232	,232	,238	.239	,232	.231
				MALE	1					
E Total	.053	.047	.042	,039	,034	.037	.038	.035	.035	,035
E NOMHT	.043	.037	.031	.029	,024	.026	.027	.023	.026	.025
E OMHT	,110	.091	.096	.090	,081	,089	.096	.082	.079	.077
E TFMHT	.099	.093	.035	.081	,065	,040	.064	.079	.017	.017
B Both	.146	.182	.197	.137	.125	.154	.100	,150	.099	.124
C Total	.056	.050	,043	,039	.034	,036	,040	.035	.034	,035
C Nomet	.046	.037	,034	,030	.027	.027	,029	.028	,026	.032
C OMIT	.119	.135	.095	.093	.075	.084	.099	.069	.070	.048
Standard deviation	,226	.213	,201	,194	.180	.188	.193	,184	.184	,183

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Table **4.9.G.10**Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO FAMI	LIES VIII	DEPENDE	NT CHILDREN				
E Total	,062	.053	.049	.045	.043	.043	,045	.043	.043	.040
B Nomet	.058	.048	.044	.039	,036	.037	.039	,035	,035	.035
E OMHT	.104	.094	,100	,080,	.085	,079	.097	.095	.102	,066
e temet	,109	.092	.076	.084	,113	,100	.058	,081	.072	,069
B Both	.147	,213	.137	.142	,124	,120	.099	,114	.073	.076
C Total	,064	.055	.049	.046	,042	.040	.047	.047	.043	.045
C NOMET	,059	.049	,044	.042	.035	.035	.042	,042	,037	.037
C OMET	.120	,113	.096	.083	.102	.084	.091	,089	.098	.102
Standard deviation	.243	,225	.217	.208	,202	.201	,209	.205	.203	• 199
			AGED,	BLIND, AN	ND DISABLE	<u>ED</u>				
K Total	,082	.081	.075	.073	.065	.061	.068	,061	.054	,059
E NOMHT	,062	.061	.061	.056	.046	.047	,054	.050	.043	,046
E OMHT	,123	,123	.114	.118	.106	,089	.099	.084	.073	,082
E TFMHT	.238	.190	.077	.118	.137	.110	.143	,130	,100	,119
B Both	.215	.242	.177	.175	.214	.179	,131	.121	.139	,146
C Total	.085	.080	,069	.078	,060	,061	.063	.066	,051	.056
C Nomet	.079	.067	.053	,059	.047	.051	,049	.057	.041	.054
C OMET	.103	.127	.117	.133	.102	.090	.105	,092	.077	.061
Standard deviation	.275	.273	.260	.263	,244	,240	,249	.243	.224	.234

Table **4.9.G.10** -- Continued Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING HOSPITAL CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	8412	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NERAL AS	SISTANCE					
E Total	,123	.108	.101	.094	.075	.098	.092	.110	.096	,096
B NOMHT	.093	,071	.064	.054	.047	.048	,043	.057	,052	.049
B OMET	.155	.142	.133	.152	.128	,171	.173	,164	.150	.152
B TFMHT	.190	.138	.172	.077	.037	.096	,061	,222	.065	.161
B Both	.213	.252	,219	,165	,105	.177	.173	.216	,188	.159
C Total	.123	.113	.078	.075	.081	,086	.088	.076	,081	.079
c Nomet	.089	.066	,053	,055	.055	.056	.071	.061	,065	.067
C OMET	.183	,196	.121	.111	.127	.139	.118	.102	,111	.099
Standard deviation	,329	.312	,291	.284	.267	.293	,287	.298	.288	.287
				OTHE	<u>R</u>					
E Total	.064	,042	,038	.038	,030	,041	,026	.028	,031	.034
E NOMET	.062	.037	,030	.032	.027	,036	,021	.020	.024	.026
E OMHT	.068	.067	.095	.074	.046	.079	.062	.088	,061	.061
e temet	.250	.167	,136	.095	.000	.100	,056	.000	.000	.667
E Both	,231	.077	.167	.083	.182	.000	,000	.000	.125	,000
C Total	.070	.047	.032	.027	.022	.030	,032	,029	.048	.030
C NOMET	,069	.046	,025	.026	.022	,026	,026	,020	.042	.025
C ONET	,079	.054	.079	.036	,022	,051	.062	.074	.077	.051
Standard deviation	,249	,204	.187	,182	.163	,190	,164	,166	.190	.178

 $\label{thm:condition:top:cond} Table~\textbf{4.9.H.1}$ Medicaid current period population: EMERGENCY ROOM VISITS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.117	.120	,142	,151	.141	.142	.165	,162	.156	.164
E NOMET	,083	.087	.109	.117	.108	.110	,127	,129	,116	.121
E OMBT	.317	.283	.313	.326	,321	.313	.359	,325	,351	.366
B TPMET	.270	.323	,273	.238	,268	.271	,291	,255	.296	.309
R Both	,465	.574	.521	.558	.433	,428	.579	.510	,468	.57
C Total	.124	.120	,145	.158	,142	,144	.158	.170	.151	.16
C NOMET	.092	.094	,118	.127	.105	.112	.124	.131	.117	.129
C OMET	.340	.290	.320	,350	,368	.336	.360	.393	.342	,330
Standard deviation	.578	.569	.573	,633	,608	.585	.663	.627	.619	,641

 $\label{thm:condition:model} Table~4.9.H.2$ Medicaid current period population: EMERGENCY ROOM VISITS, by mental health treatment status \mbox{and} diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	M	RITHER CHRO	<u>onic</u> medical	DIAGNOS	SIS OR SUI	BSTANCE A	ABUSE_			
R Total	.071	.077	.097	.098	.093	,096	,106	,106	.100	.106
B Nomet	.062	.069	,089	.092	,086	.087	,100	,100	,093	.100
E OMHT	.165	,142	.171	.155	.159	.184	.156	.160	.157	.151
B TIMET	.065	.117	,138	.065	.088	,112	,133	.139	,112	.147
B Both	.246	.371	.373	,318	.245	.241	,226	,168	.155	,229
C Total	.076	.075	.101	.102	,095	,090	,105	.108	.097	,102
C NOMET	.068	.069	.093	,096	,085	,082	,099	,103	.089	.098
C OMHT	,157	,142	.175	.170	,193	,165	,169	.152	.168	.138
Standard deviation	,336	,338	.380	.388	,383	.390	,406	,396	,388	,396
			<u>CHRO</u> 1	NIC MEDICAL	DIAGNOSI	ES_				
E Total	.186	.184	.208	,225	.205	,205	,244	.236	.219	.234
E NOMET	.127	,122	.150	.167	.144	.149	.174	.178	.149	.154
E OMET	.417	.392	.424	.439	.444	.413	.508	.457	.481	,524
E TPMET	.396	.454	.363	.366	,404	.393	.404	.332	.414	.417
B Both	.547	.625	.601	.623	.497	.476	.715	.613	.569	.172
C Total	,191	.176	.207	.240	,190	.210	.219	,232	,206	.217
C NOMET	.136	.135	,163	,186	,140	.163	.163	.174	.154	.171
C OMHT	.466	.377	.418	.497	,431	.437	.486	.508	.447	,424
Standard deviation	.814	.811	.791	.893	.774	.776	,914	.788	.780	.859

 $\label{thm:continued} Table~4.9.H.2~--~Continued$ Medicaid current period population: EMERGENCY ROOM VISITS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment states	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE A	BUSE_					
E Total	.422	.396	.366	,455	.434	,407	.464	,428	.500	.450
E NOMHT	,206	.314	.214	.266	.448	.431	.371	.417	.410	.360
E OMHT	.491	.386	.405	,481	.421	.378	.472	.391	.519	.491
E TFMHT	,000	,100	.143	.143	.188	,125	.077	.273	.300	.200
K Both	.533	.750	,494	.756	.545	.614	,722	.739	.623	.429
C Total	,435	.476	,380	.351	,549	.444	.478	.611	:465	.517
C NOMET	.282	,538	.282	.236	.281	.328	.433	.402	.438	.444
c OMET	.488	,455	.412	.385	,635	,482	.492	.678	.474	.541
Standard deviation	1.225	.972	.841	.993	1.505	1.047	1.090	1.491	1.372	.988

 $Table\ 4.9.H.3$ Medicaid current period population: EMERGENCY ROOM VISITS, by mental health treatment status end age in 1983.

Mental health					Calenda	r period		<u></u>		
treatment - status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>L</u> F	ESS THAN 18	YRARS					
B Total	.072	.078	,104	.116	.104	.106	.128	.135	.123	.129
E NOMHT	.070	.075	.102	,114	,102	,103	.125	,131	,118	.125
E OMHT	.103	,109	,118	.145	.143	.157	.171	.214	.195	.210
B TFMHT	.131	.173	.264	.125	.137	.124	.147	.115	.140	.054
B Both	,000	.227	,200	.190	.071	.107	.040	.040	,130	,045
C Total	.077	,082	.109	,127	.105	.108	.121	.137	,113	.128
C NOMET	.075	.081	.107	,125	.099	.105	.117	.133	.109	.124
C OMHT	,110	.111	.145	.166	,204	.161	,185	.201	.177	.197
Standard deviation	,321	.345	.383	.436	,393	,386	.440	.468	.433	.439
			<u>18</u>	THROUGH	59 YEARS					
K Total	.197	.200	.221	,228	.225	,225	,255	.242	.249	.263
E NOMET	.122	.127	.149	.151	.150	.154	.168	.171	.160	,166
E OMHT	.397	.352	.390	.399	.395	.379	,436	.381	.426	• 430
e temet	,294	.353	.293	.287	.320	.312	.360	.317	.376	.418
E Both	,498	.600	.554	.589	,465	• 455	,609	,550	.499	.605
C Total	,212	,196	.226	.238	,226	.230	,252	.262	,250	.255
C NOMET	,141	.141	.169	,171	.146	.162	.179	.175	,179	.195
C OMET	.426	.360	.389	.421	,437	,405	.431	.471	.410	.390
Standard deviation	,836	.810	.796	.876	.862	.824	.938	.a54	.865	,901

Table 4.9.H.5 -- Continued

Medicaid current period population: EMERGENCY ROOM VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			G <u>e</u> ?	IERAL ASSIS	STANCE					
E Total	.302	,242	,283	,314	.287	.286	,338	,301	.310	.347
E Nomet	.137	,110	.148	,157	.147	.149	,182	.164	.145	,156
E OMET	.548	.390	.455	,491	.488	.443	,556	,464	.541	.623
E TFMHT	.206	.382	.338	.284	.301	.333	.257	,354	.156	.302
B Both	.527	,644	.532	.757	,441	.554	.575	,604	.587	.574
C Total	,269	.251	,265	.258	.284	.293	.328	.364	,321	,314
C NOMHT	.145	.141	.154	.158	.160	,166	.193	.231	.183	.158
c ONNT	.486	.437	,435	,402	.461	.468	,506	,555	,523	.530
Standard deviation	1,025	.794	.860	.885	.960	,821	1.039	1.008	1,046	1.080
				OTHE	<u>R</u>					
E Total	.076	.088	,093	.103	.087	.091	.097	,103	.088	.107
E NOMHT	.061	.076	.076	.090	.079	.077	.085	.081	.073	.083
E OMNT	,202	.193	.230	.218	.162	,203	.207	.268	.192	.243
E TFMHT	.250	.162	.140	.047	,068	.132	.103	.067	.000	.400
B Both	,462	.353	,600	.286	,100	.222	.000	,250	.000	.000
C Total	.080	.080	.080	,083	.072	.084	.088	.120	,088	.098
C NOMET	.072	.074	.075	.072	,059	.077	.076	.087	.077	.087
C OMET	.145	.139	.125	.180	.176	.140	.174	,322	.147	.158
Standard deviation	.380	.430	.379	.484	.379	.397	,431	.525	,405	,443

 $Table\ 4.9.H.6$ Medicaid beginning population still eligible in each period: EMERGENCY ROOM VISITS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	,117	.122	.145	.147	.137	.135	,153	.149	.142	.152
E NOMET	,083	.087	.112	,109	.101	,100	,112	.106	,095	.105
E ONET	.317	.279	,305	,318	.309	.288	.331	,330	.335	.341
B TFMET	.270	.328	.295	,288	.281	.319	.302	.278	.330	.320
ß Both	.465	.570	.497	.541	.383	.382	.477	.507	.410	.450
C Total	.124	.121	.141	,159	.139	,133	.157	.152	.138	.148
C NOMET	,092	.096	.115	,130	.103	.107	.124	.118	.106	,120
C OMET	.340	.282	.298	.328	.342	.277	,329	,325	• 292	.280
Standard deviation	.578	.588	,581	.659	.604	.590	,681	,569	,580	.600

Table 4.9.H.7

Medicaid beginning population still eligible in each period: **EMERGENCY** ROOM VISITS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u> </u>	BITHER CER	ONIC MEDIC	AL DIAGNO	OSIS OR S	UBSTANC	CE ABUSE			
E Total	.071	.075	.097	.091	.091	.086	.094	.089	.083	.093
E NOMET	.062	.067	.089	.085	.085	.077	.090	.082	.075	.085
E OMHT	.165	.127	.145	.139	.138	.163	.128	.138	.135	.141
E TPMET	,065	.103	.136	.075	.124	.054	,130	.143	.115	.137
B Roth	,246	.342	.350	,261	.179	,222	,110	.157	.154	,224
C Total	.076	.072	.097	.100	.089	,081	.097	,095	,085	,091
C NOMET	.068	.067	.090	,096	.079	.074	.094	.087	,076	.084
C OMET	.157	.112	.162	.139	.174	.139	,116	,153	.144	,134
Standard deviation	.336	.324	.364	,365	.370	,386	.370	.350	.349	.363
			<u>CERON</u>	IC MEDICA	L DIAGNOS	ES_				
E Total	,186	.185	.208	,213	,186	.189	,212	.208	,191	,202
E Nomet	.127	.122	.150	.148	.125	,132	.139	.138	,116	.126
E OMHT	.417	.393	.415	.428	.414	.369	,461	.445	.442	.454
E TFMHT	,396	.462	.387	.413	.373	.470	.400	.349	.440	.429
B Both	.547	.613	.561	.624	,429	.399	.545	.548	.448	,505
C Total	,191	.179	.192	,231	.187	.185	,212	.207	.185	,196
C NOMET	.136	,136	.151	.182	.133	.148	.156	,153	.138	.155
C OMHT	.466	.388	.391	,462	.432	.359	.462	.447	.387	.371
Standard deviation	,814	.839	.794	.914	.792	.759	.913	.713	.733	.764

Table 4.9.H.7 -- Continued

Medicaid beginning population still eligible in each period: **EMERGENCY** ROOM VISITS, by mental health treatment status end diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1.	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			9	SUBSTANCE	<u>ABUSE</u>					
E Total	.422	,419	.402	,470	.453	.410	• 499	.528	.561	,530
E NOMET	.206	.315	,256	,252	.266	.330	,320	,330	,392	• 443
E ONET	.491	.407	.456	,531	.523	.406	.507	,519	.601	.563
E TFMHT	.000	.111	.182	.222	.200	.200	.000	.375	.375	.111
B Both	.533	.836	.491	.725	.580	.667	1.000	1.188	.781	.679
C Total	,435	,466	.359	,332	.469	.360	.449	.374	.376	.425
C NOMET	.282	.527	,305	.167	,292	,239	.356	,333	,326	,531
c OMET	.488	,441	.380	,406	.553	.415	.489	.388	,396	.378
Standard deviation	1.225	.976	,805	,996	1.082	.934	1.017	1.166	1,035	.962

Table 4.9.H.8 Medicaid beginning population still eligible in each period: EMERGENCY ROOM VISITS, by mental health treatment status and age in 1983.

Mental health					Calend	dar per	iod			
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS THAN	18 years					
B Total	.072	.080	.110	.109	,101	.095	,113	.111	.095	.107
E NOMET	.070	.077	.108	.106	.097	.092	,110	.106	.088	.104
E OMET	,103	.117	,124	.145	.145	.145	.155	.189	.181	.160
e temet	.131	.184	.256	,134	.177	,113	.153	.135	.119	,052
B Both	,000	.263	.222	.235	,118	.167	,056	.056	,133	.067
C Total	,077	,084	.114	,131	.099	,098	,118	.116	.107	.117
C NOMET	.075	,083	.111	.130	,093	.095	.115	.111	.103	.110
C OMET	.110	,093	.161	.148	,188	.137	.160	.188	,159	,211
Standard deviation	,321	.349	.391	.420	,383	.356	,416	.408	,398	.392
			<u>18</u>	THROUGH 5	59 YEARS					
K Total	.197	.202	.225	.231	.220	,221	.247	.241	.244	,253
B NOMHT	.122	.128	.151	.147	.144	.150	.159	.151	.150	.156
E OMHT	.397	.350	.383	.395	,385	,356	,413	.402	,411	,422
E TFMET	.294	.353	.334	,358	.321	,363	.373	.339	.422	.438
B Both	,498	.596	.528	.571	.411	.405	.521	.557	,442	.487
C Total	,212	.201	.213	,242	,231	,219	,255	,246	.224	.238
C NOMHT	.141	.145	.158	.179	.156	,168	,188	.179	.161	.195
C OMET	.426	.359	.361	.407	.418	.343	.409	,395	.358	,328
Standard deviation	,836	.850	.812	,939	.854	.840	.975	.776	.798	.837

Table 4.9.B.8 -- Continued

Medicaid beginning population still eligible in each period: EMERGENCY ROOM VISITS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>6(</u>) TSARS	AND OLDER					
E Total	,043	.035	.030	,036	.021	.030	,018	.014	.007	.006
E NOMHT	.033	,026	.027	,031	,016	.019	,014	,011	.005	.003
E OMHT	.098	.053	.072	.068	.053	.047	.043	,015	.000	.008
E TPMHT	,391	.467	.093	.122	.231	.500	.132	,158	,133	.097
B Both	.125	.250	.000	.125	.000	.067	.000	,000	.000	,083
C Total	.035	.024	.023	.017	.019	.014	.015	.018	,009	.002
C NOMET	,033	.021	.021	.014	,019	.013	.017	,019	.010	.002
C OMIT	.066	.060	.046	.055	,019	.020	.000	.000	.000	.000
Standard deviation	,282	• 259	.241	.241	.234	.278	.168	.147	.132	.072

Table 4.9.H.9

Medicaid beginning population still eligible in each period: EMERGENCY ROOM VISITS, by mental health treatment status **and** gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	E					
E Total	.116	.124	.141	,141	.136	.136	.153	.154	.146	.155
E NOMET	.084	.089	.110	,106	,099	,101	.108	,109	.093	.107
E OMET	.295	.275	,277	.306	.306	,269	.330	.345	.361	• 344
B TFMHT	.308	,397	.324	.326	.346	.369	,357	,310	.395	,380
B Both	.472	,531	.502	,415	.369	.384	.483	.504	.412	,431
C Total	.120	.118	.134	.155	,134	,124	.148	.144	.137	.144
C Nomet	.091	.096	.110	.128	,101	,102	,121	.110	.102	.112
C OMET	.317	,260	,283	.315	.321	.240	.291	.318	.310	,298
Standard deviation	.588	,619	.588	.664	,608	.574	.608	.569	.600	,600
				MALE						
I Total	,119	• 118	.151	.155	.138	.134	.154	.141	.135	.145
E NOMET	.082	.085	.115	,115	.105	.099	.117	.102	.098	.101
E OMHT	.345	.283	,342	.334	.314	.315	,333	.308	.297	.337
E TFMHT	.157	.127	.211	,171	,084	.158	,128	.180	,083	,100
8 Both	.452	.649	,486	.824	.414	,376	.464	.514	.406	.494
C Total	,131	.126	.152	.166	.148	,150	.171	.167	.141	.155
C NOMET	,094	,096	.123	.134	.107	,114	.128	.132	.115	.135
C OMET	.375	.317	,322	,349	,376	.337	.392	,336	,262	,249
Standard deviation	.561	.537	.570	.652	.596	,615	.786	.571	,543	.599

Table 4.9.H.10

Medicaid beginning population still eligible in each period: **EMERGENCY** ROOM VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO PAMILIES	VIII DEPE	ENDENT C	HILDREN				
E Total	.097	.107	,138	,135	,132	.129	,147	.149	,142	.149
E NOMET	.087	.095	.125	.118	.113	.113	.127	,123	,113	.123
E ONHT	.198	,204	,232	.261	,260	,253	.285	,308	,351	,330
e temet	,129	.154	.lao	,179	.254	.181	,249	.301	.253	.223
8 Both	.455	,529	.521	.568	.455	.289	.382	,520	.373	.419
C Total	.109	.111	.147	.163	.127	,134	,166	.156	,149	.164
C NOMET	.093	.099	.132	,144	.107	.119	,140	.130	,129	.141
C OMET	.276	.223	.297	.337	.303	.265	.375	.362	,309	.343
Standard deviation	,431	.449	.489	• 557	.515	.478	,626	,510	.520	.528
			aged, Bi	LIND, ANI	DISABLE	<u>ED</u>				
E Total	,126	.137	.127	.129	,123	,119	,115	.106	.096	.103
E Nomet	.053	.046	.050	.064	,057	.050	,046	,049	.039	.040
B ONBT	.306	.326	.311	.281	.289	.255	.246	.255	.203	,214
e temet	.875	1.114	.718	.737	.507	.890	,629	.217	.700	.593
E Both	.400	.570	,454	,341	.365	.333	.459	.353	.287	.447
C Total	.141	.120	.108	.141	.164	.112	.117	.127	.083	.096
C NOMET	.073	.067	.052	.078	.083	.060	,068	.059	.019	.046
C OMET	,369	.296	.286	.335	.408	.264	.260	,320	.256	.230
Standard deviation	,866	.955	,803	,899	,817	.858	,661	.640	.612	.632

Continned

Table 4.9.H.10 -- Continued Medicaid beginning population still eligible in each period: EMERGENCY ROOM VISITS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GE	ENERAL ASS	SISTANCE					
E Total	,302	.246	.285	.317	.260	.281	.355	.316	.315	.364
E NOMHT	.137	.114	.150	,159	.132	.142	.186	.143	.118	.174
E ONET	.548	.394	.470	.504	.494	.461	.645	.531	,595	.637
E TFMHT	.206	.241	.345	,346	.185	.308	,143	.333	.129	.387
E Both	.527	.645	.490	.719	.346	.546	,655	.686	.625	.537
C Total	.269	.241	.206	.235	.250	.227	.255	.245	.287	,225
C Nomet	.145	,131	.114	.159	.174	.138	.171	.203	.219	.172
C OMET	.486	.436	.365	,365	.384	,384	.408	,320	.409	.314
Standard deviation	1.025	.815	.853	.888	.829	.757	1,160	,842	.929	1.015
				OTHE	<u>R</u>					
E Total	.076	.087	.095	.102	.073	.073	.085	.085	.067	.071
E NOMET	.061	.071	.076	.086	.060	,056	,065	,056	.053	.047
E OMHT	,202	.214	.217	,239	.171	.173	.223	.283	.152	.204
E TFMHT	,250	.167	.182	.048	.100	.200	,222	.000	● 000	.333
B Both	.462	,154	.750	.250	,091	.182	.000	.250	.000	.000
C Total	.080	,088	.084	.089	.074	.077	,080,	.099	,051	.078
C NOMHT	.072	.084	.075	,082	.058	.071	.066	.094	.042	.083
C OMHT	.145	,124	,149	.136	.174	,115	.160	.123	,092	,051
Standard deviation	.380	.465	,402	,563	.373	,401	,427	,449	.300	.321

Table 4.9.1.1

Medicaid current period population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status.

Mental health					Calendar	period				
treatment status	83/2	84/1	.84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	,079	.082	.099	.105	.098	,099	.loa	.loa	,104	.107
E NOMET	.063	.067	.084	.090	.083	.084	,094	.093	.087	.091
E OMET	.173	.166	.183	.185	.180	.180	.189	.183	.186	.190
E TFMHT	.119	,125	,136	.126	.138	,136	.151	.158	.149	.145
B Both	.224	.275	.287	.286	.218	,242	.237	.252	.253	.224
C Total	.083	.084	,104	.107	,096	,100	,106	,115	,103	.111
C NOMET	,069	.071	,091	.093	.081	.085	,093	,099	.089	,096
C OMET	.174	.174	.187	.191	,192	.187	.180	.203	.179	.189
Standard deviation	,271	.276	.301	.307	.297	.299	.310	.313	.305	.311

 $\label{thm:condition:thm:condition:thm:condition:thm:condition:thm:condition: Table 4.9.1.2$ Medicaid current period population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	X	BITHER CHR	ONIC MEDIC	AL DIAGNOS	IS OR SUE	STANCE AI	BVSB_			
I Total	.056	,062	.078	.080	,074	.076	.083	,083	.079	.083
E NOMET	,052	.057	.073	.076	.071	.071	,080,	.080	.076	.079
E OMET	.112	.110	,123	,120	.112	.121	,106	.112	.106	.114
B TYMHT	.053	.082	.114	.057	.069	,089	.097	.105	.093	.109
g Both	.095	,207	,216	.188	.117	.157	,116	.137	,127	.147
C Total	,061	,060	.083	.082	.074	.073	.085	,088	.079	.082
c Nonht	.056	,056	.079	.078	.070	.068	.082	.084	.075	.079
C OMET	.118	.101	.124	.118	,114	.123	,116	.117	.118	,110
Standard deviation	.234	.240	.271	.272	.262	.263	.277	.278	.270	.276
			<u>Chroni</u>	C MEDICA	L DIAGNOSI	3 <u>S</u>				
B Total	.113	.109	.129	.140	.129	.129	,141	.142	.130	.133
B NOMHT	.088	,085	,105	.118	,105	,106	.117	.116	,103	,109
E OMET	.215	.200	,222	.220	.225	.220	,237	,239	.233	,234
B TYMET	.161	.151	.150	.174	.187	.170	.190	.190	.187	,165
8 Both	.268	.286	.310	.310	,252	.268	.278	.310	,282	,250
C Total	,111	.117	,131	.141	.120	.131	.128	.145	,128	.137
C NOMET	.093	.096	.112	.120	.097	,113	.111	.123	,108	.119
C OMAT	.199	,222	.221	.244	.229	.216	.213	.252	.220	.219
Standard deviation	.316	.315	.336	.347	.332	,336	,344	,350	.336	.341

 $\label{thm:continued} Table~4.9.1.2~--~Continued$ Medicaid current Period Population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANCE A	BUSE_					
g Total	.214	.245	,230	.255	,249	,237	.255	.217	.284	.266
E NOMET	,137	.238	.160	.176	.255	.258	.216	,219	.285	,243
E ONET	.237	.236	,241	.266	.243	.223	.266	,212	.276	.275
E TPMBT	,000	.100	.143	.143	.188	.125	.077	.273	,100	.200
K Both	.283	.368	,338	.378	.284	,313	,304	,232	.361	,268
C Total	.239	. 248	.247	.216	,268	,253	.243	,259	,225	.297
C NOMET	.175	• 274	.227	.189	.211	.218	,225	.196	,263	.272
C OMET	.261	,239	,254	,224	.287	,265	,249	.279	,213	,306
Standard deviation	,416	.431	.425	.428	.436	.429	.434	.422	,441	.448

Table **4.9.I.3**Medicaid current period population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS THAN	18 years					
E Total	.059	,063	.084	.092	.085	.086	.098	,101	.094	.098
E NOMET	.057	.061	.083	.090	.083	.084	.097	,099	.092	.097
E OMET	.085	.086	.096	.112	.112	.127	,115	,139	.130	• 137
E TFMHT	.111	.087	.191	.109	.108	.097	.124	.106	.118	.054
B Both	.000	.182	.150	.190	.071	.071	.040	.040	.130	.045
C Total	,064	.066	.089	.096	.083	.087	.097	.106	.095	.104
c Nomet	.062	.065	.089	.095	.080	.085	,095	.103	.093	.101
c omet	,089	.078	,105	,120	.142	,125	.131	,160	.132	.151
Standard deviation	.238	.244	.280	.291	.278	.281	.297	.304	,293	.300
			<u>la</u>	THROUGH 59	YEARS_					
E Total	.117	.123	.139	,143	.138	.139	.148	.146	.149	,152
E NOMET	.086	.092	.107	,110	,107	.108	.116	,115	,114	.119
R OMHT	.207	.199	,220	.218	.212	.205	.222	.208	.217	.219
E TFMHT	,117	.139	.126	.136	,159	.158	.171	.187	.174	.187
B Both	.237	.282	.304	,298	.231	.255	,253	.271	.268	.238
C Total	.123	.126	.147	.146	.136	,142	.145	.157	,147	.156
C Nomet	.095	.098	.121	.119	.106	.114	.121	.127	.121	.130
C OMET	.208	.212	.221	,221	.218	.214	,205	.228	.205	,214
Standard deviation	.324	.330	.349	.351	.344	,347	,354	.357	.355	.360

Table 4.9.1.3 -- Continued Medicaid current period population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AN	D OLDER					
I Total	.031	,026	,023	.027	.018	.022	.020	.015	.009	.008
E NOMHT	.027	,022	.021	.026	,016	.019	.018	.013	.009	,006
E OMHT	,055	.050	.032	.022	.023	,052	.035	.025	.000	,013
E TFMET	.152	.096	.098	.078	.052	.068	.073	• 074	,048	.070
8 Both	.125	,222	.000	.056	.056	,118	.059	.059	.067	,143
C Total	.026	.020	.019	,014	.017	.014	.014	.018	,005	,004
C NOMET	.025	.018	.017	,012	,018	.013	.014	.018	.005	.005
C OMBT	.041	.048	.042	.041	.009	.035	.018	.010	.000	.000
Standard deviation	.168	,152	.145	.149	.131	.138	.134	.126	,089	.082

Table 4.9.1.4

Medicaid current period population: SHARE OF POPULATION USING **EMERGENCY** ROOM CARE, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAI	<u>E</u>					
K Total	.077	.083	.095	.101	.096	.095	,104	.108	,103	.105
E Nomet	.062	,066	.079	.086	,081	.080	.089	.092	.084	.087
E OMHT	.170	,172	.184	.183	.179	,176	.184	.191	,192	,204
E TFMET	.126	.134	,144	.137	.157	.140	.171	.159	.162	.151
B Both	,241	.291	.275	,264	.216	.248	.228	.272	.270	,206
C Total	.080	,082	.101	,102	.092	.094	,103	,112	.104	,108
C NOMET	.067	.068	.088	,089	.078	.082	,092	.096	,089	,093
C OMHT	. 172	.175	.186	.186	.183	,169	.173	,211	.192	,191
Standard deviation	,268	.275	,296	.302	.293	.293	.305	,312	.304	.308
				MALI	<u>.</u>					
E Total	.081	.082	.105	.110	,101	,104	.115	,108	.107	.110
B NOMHT	.066	.068	.090	,095	.087	.089	. 100	.095	.092	,096
E OMHT	,176	,159	,182	.188	.182	.185	.194	.172	.177	.171
e temet	.099	,096	.114	.094	.088	,122	.098	.157	,109	,124
E Both	.191	.246	.309	.328	,222	,230	,253	.215	.221	.257
C Total	.086	.087	,109	.113	,103	.108	.109	,118	.102	.116
C Nomet	,072	.074	.096	.099	.085	.089	.094	,105	.091	,101
C OMET	.176	.172	.188	.198	.204	.209	,190	.191	.161	.187
Standard deviation	.275	.277	.309	.314	,302	.307	,317	,314	.307	,315

Table 4.9.1.5

Medicaid current period population: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AID</u>	TO PAMIL	IBS WITH DBI	ENDENT CH	IILDREN				
E Total	.074	.078	.099	,105	.100	.099	.113	.116	,111	.114
E NOMHT	.067	.072	.093	.098	.093	.093	,107	.108	.102	.106
E OMHT	.144	,141	.167	.169	• 168	.167	.178	,185	.198	.200
E TFMET	.103	.087	,119	.128	.132	,110	.145	.163	,144	.117
B Both	.212	,246	,245	.285	.212	• 193	,168	.240	,215	,208
C Total	.081	.082	.109	.113	.097	.101	.110	.121	.112	,123
C NOMET	.073	.075	.101	,106	.089	,095	,104	.111	.104	,114
C ONET	.166	,150	,186	,193	,182	,164	,172	,226	,188	.210
Standard deviation	.265	.270	,303	.310	,298	.300	,315	,322	.314	.321
			AGED,	BLIND, AN	ID DISABLE	<u>ED</u>				
B Total	.067	.070	.071	.074	.068	.066	.068	.062	,062	.060
E NOMHT	.037	.037	.039	.047	.042	.042	,041	.040	.034	• 033
E OMHT	,160	• .157	.156	.144	.134	,129	,135	,115	.129	.119
E TFMHT	,150	,198	.172	.155	.165	.173	.178	.146	,211	.198
B Both	.178	.250	.265	,229	,242	.208	.256	.216	.206	.223
C Total	.071	.067	.073	.078	.072	.071	.071	.072	.053	,056
C Nomet	,048	,040	.045	,049	.045	,039	,047	.050	,028	.032
C OMHT	.147	.158	.166	.174	,160	.175	.150	.145	.133	.129
Standard deviation	,252	.254	.258	.264	.254	.251	.254	.248	.236	,235

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Table 4.9.1.5 -- Continued Medicaid current period population: **SHARE** OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NERAL ASS	<u>ISTANCE</u>					
K Total	.156	.147	.169	.179	.167	.176	,185	.171	.174	.176
E NOMHT	.091	.078	.108	,116	.105	,109	.118	.107	.108	.109
E OMET	.247	.228	.239	,257	,260	.251	,274	.251	,255	.270
E TYMET	,127	,206	,169	,122	.181	.218	,171	,200	.111	,186
B Both	.272	,335	.332	.342	.216	,315	,301	,296	.350	,256
C Total	.138	,152	,166	.155	.171	.178	.179	,193	.176	.171
C NOMET	.082	,093	.123	.107	.113	.125	.139	.157	.127	,113
C OMET	,236	.252	,231	,224	,254	,250	.232	.245	,246	.251
Standard deviation	.357	,356	.374	.377	.374	.381	.387	.383	,380	.379
				OTHE	<u>R</u>					
B Total	.056	,064	.070	.075	.063	.070	,069	.073	,066	,081
E NOMET	,049	,059	.060	.070	,059	.062	,065	.061	.060	.071
E OMET	.106	.102	,140	.122	.097	.137	.105	.162	,108	.140
E TPMET	.208	,135	.140	.047	.045	.132	.103	.067	.000	.200
B Both	.231	.118	.350	.190	.100	.167	.000	.250	.000	.000
C Total	.061	.065	.065	.063	.058	.060	.068	.074	.071	.077
C Nomet	.057	.061	.059	.056	,049	.055	.057	,059	,064	.066
C OMET	.097	.101	,113	,122	,125	.104	.142	.167	,110	.135
Standard deviation	,233	,246	.252	.257	.240	.250	,253	,261	.251	.270

Table 4.9.1.6

Medicaid beginning population still eligible in each period: **SHARE** OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.079	.083	.101	.101	,095	.094	,102	.100	.095	.100
E NOMET	.063	.067	.086	.086	.081	.078	.086	.081	,075	.083
E OMET	.173	,163	.178	.172	.166	,161	.171	.177	.177	.175
E TYMET	.119	,118	.136	.137	.135	.136	.155	.171	.149	.135
B Both	,224	.268	,262	.275	,200	.236	.236	,255	.255	.225
C Total	.083	.085	.104	.107	.093	,095	,104	.110	,095	.105
c NoMHT	.069	.072	.091	,095	,077	,082	,092	.094	.081	,091
C OMET	.174	.167	.182	.176	.183	.167	.166	.188	.162	.174
Standard deviation	,271	.276	.302	.304	,292	,292	,304	.304	.294	.302

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	Ĭ	EITHER CHRO	IC MEDICAL	DIAGNOS	IS OR SU	JBSTANCI	E ABUSE			
E Total	.056	.062	.079	.075	.075	.069	.077	.073	.068	.075
E NOMET	.052	,057	.074	,072	,071	.065	.074	.068	.064	.070
E OMHT	.112	,101	.115	.104	. 102	.102	,089	.102	,094	,104
E TFMHT	,053	.079	.117	.063	,092	,041	.115	,111	,094	.116
E Both	.095	.197	.188	.162	.094	.139	.110	.135	.141	.158
C Total	,061	.058	.082	.081	.070	,069	,083	,081	,069	.076
C NOMET	,056	.055	.078	.079	.065	.064	,081	.076	.065	.071
C OMHT	.118	.082	.125	,103	.114	.109	.096	,120	.096	.110
Standard deviation	.234	.238	.271	.267	,260	.254	,269	.264	,253	,264
			<u>CHRO</u> 1	NIC MEDICAL	DIAGNOSE	<u>ES</u>				
K Total	,113	.108	,127	,131	.116	.119	.127	.128	.117	.120
E NOMET	.088	.085	.105	.108	.094	.095	,102	.098	.087	.096
R OMHT	,215	,198	.214	.208	.200	.196	.214	.222	.214	.208
E TFMHT	.161	.140	.145	.178	.157	.187	.180	.197	.179	.147
B Both	,268	.276	.271	,304	.232	.257	,266	.294	,269	.227
C Total	.111	.117	.127	.135	.113	.119	.119	.135	.116	.128
C NOMET	.093	.096	,109	,118	.091	.103	.103	.114	• 097	.109
C OMET	.199	.223	.212	.216	.218	.193	.192	.227	.199	,206
Standard deviation	.316	.314	.333	.339	.320	,324	,330	.336	.321	.328

Table 4.9.1.7 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING **EMERGENCY** ROOM CARE, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment states	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANG	CE ABUSE					
B Total	.214	.260	• 255	,265	.256	. 247	.268	.248	.317	.293
E NOMHT	.137	.233	,180	.189	.220	,239	,200	,231	,270	.300
E OMET	.237	,256	.269	.282	.274	.231	.291	,241	,324	.284
E TFMHT	.000	,111	.182	.222	.200	.200	,000	.375	.125	.111
B Both	.283	.382	.377	.373	.260	.356	.375	.313	.438	.393
C Total	.239	.250	.247	.221	.259	.238	.281	.253	. 242	.275
C NOMHT	.175	.275	.244	.141	,222	,179	,237	,229	,261	.327
C OMMT	.261	.240	.249	.257	.276	.265	,299	.261	.234	.252
Standard deviation	.416	.437	.435	.433	.437	,430	,446	.433	.455	.453

Table 4.9.1.8

POPULATION USING age in 1983.

b y m e n t a l

and

					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LI	ESS THAN 18	YEARS					
K	.059	,064	.088	.089	,085	.080	.091	.086	.076	.086
ENOMHT	.057	,062	.087	.087	.082	.078	,090	.083	.073	.085
E OMHT	.085	.090	.099	.116	.117	.115	,100	.131	.117	.116
B TFMHT	.111	,092	,189	.113	.135	.082	.141	,122	.119	.052
B Both	,000	.211	.167	.235	.118	.111	,056	,056	.133	.067
C Total	.064	,068	.095	.099	.077	.081	.095	,098	.090	.097
C NOMET	.062	,068	,093	.098	.073	.080	.093	.093	.088	.093
C OMET	.089	,063	,113	.114	.135	.097	,125	.167	.123	,153
Standard deviation	.238	,247	.287	.289	.275	.272	.289	,286	.273	.286
			<u>18</u>	THROUGH	59 YEARS					
B Total	.117	.123	,140	.140	.134	.135	.146	.147	,149	.150
E NOMHT	.086	.092	.109	.109	.106	,107	,115	.112	.113	.119
E OMET	.207	.196	,216	,203	.196	.187	,206	.205	,211	.207
E TPMHT	.117	.127	,131	,153	.149	,159	.170	.199	,171	.172
B Both	.237	.274	.277	.286	.212	.249	,256	.278	.272	,240
C Total	.123	.128	.144	,146	.139	.142	.148	.159	.137	.153
C Nomet	.095	.099	.117	.123	,109	.117	,128	.134	.112	.132
C OMET	.208	.209	,216	.207	.213	.202	.194	.214	.190	.198
Standard deviation	,324	.330	.349	.349	.342	.344	.354	.358	.352	.358

Table 4.9.1.8 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and age in 1983.

Mental bealtb					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS AND	OLDER					
E Total	,031	.026	.021	,025	.013	.018	.012	,011	.005	.005
E NOMET	.027	,021	.020	,024	.013	.015	.010	.010	.005	.003
E OMHT	.055	,053	,036	.025	.013	.041	,028	.015	.000	.008
E TYMHT	,152	.111	.070	.073	,026	,100	.079	.079	.067	,065
B Both	.125	.188	.000	.063	,000	.067	,000	,000	,000	.083
C Total	.026	.019	.015	.014	.015	.010	.012	.015	,003	,002
C NOMET	,025	.016	.014	.012	.015	,009	.014	.016	.003	.002
C OMHT	,041	,052	.028	.036	.010	.020	,000	.000	,000	,000
Standard deviation	.168	.151	.137	.145	.117	.124	.110	,111	.068	,064

Table 4.9.1.9

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and gender.

Mental health					Caiendaı	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAL	<u>.E</u>					
B Total	.077	,084	.098	,100	.095	.095	.101	.105	.096	.104
E NOMET	,062	.068	.082	.083	.079	.078	.083	.083	,073	.084
E OMET	.170	.169	.177	.177	.167	.167	.176	.193	.187	.193
B TFMHT	.126	.129	.150	.150	.157	.145	.167	,182	.167	,149
B Both	.241	.281	.266	.262	.213	.249	,240	.285	.276	.206
C Total	.080	.082	.100	.103	.091	.091	,101	.107	,093	.100
c nom	.067	.069	.088	,092	.077	.079	.089	,089	.076	,083
C OMET	.172	.166	.174	.164	,172	.155	.161	.196	,179	.180
Standard deviation	.268	.277	.298	.301	.291	.291	.301	.307	.293	.303
				MALE	<u> </u>					
K Total	.081	.0a0	.105	.103	.095	.091	,104	.092	.094	.094
E NOMET	.066	.066	.091	,090	.083	.079	,091	.079	.079	.080
E OMHT	.176	.155	.179	.165	.165	.152	,164	.152	.162	.148
e temet	.099	.085	.096	.099	.065	.109	.117	.135	,083	.083
E Both	.191	.243	.254	.305	.172	.205	,227	.187	,208	.270
C Total	.086	,089	,110	.113	,096	,101	,109	,115	,099	.114
C NOMET	.072	.076	.096	.099	,078	.085	.097	.102	.091	.103
C OMET	.176	.169	.194	,196	.201	,188	.173	.177	.135	.163
Standard deviation	.275	.275	.309	.308	.294	,293	.307	.299	.294	.301

 $\label{thm:continuous} Table~4.9.1.10$ Medicaid beginning population still eligible in each period: **SHARE** OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAMILI	ES VITE DE	PENDEN'	Γ CHILDREN				
E Total	.074	.080	.105	,104	.102	.098	.110	,109	,104	.109
E NOMET	.067	.073	.097	.095	,093	,090	.101	.097	.090	.099
E OMET	.144	.140	.170	.172	.173	.164	.175	.192	.198	,190
E TYMET	.103	,092	.125	,139	.144	.107	.152	,191	,160	,112
B Both	,212	,252	,226	.297	.221	,204	.176	.252	.245	.200
C Total	.081	.084	.114	.116	.095	.101	.114	.121	,110	.121
C NOMET	.073	.078	.105	.109	,085	.094	,106	.107	,100	.109
C OMHT	.166	.146	.196	.187	.180	,160	.176	.237	,186	.218
Standard deviation	.265	.274	.310	• 310	,300	.299	,314	.317	.307	,317
			AGED,	BLIND, AN	ID DISABLE	<u>ED</u>				
B Total	.067	.067	.064	.066	.059	.057	.061	.056	.052	.055
E Nomet	.037	.034	.033	.041	.035	.031	.030	.032	.026	,028
E OMET	,160	.158	.146	,126	.118	.117	,129	,109	,109	.111
E TFMHT	.150	,190	,154	.158	.123	.164	.171	,116	.167	.153
B Both	.178	.234	.254	.222	.214	.195	,230	.216	.185	,214
C Total	.071	,063	.061	,069	.069	.065	.065	.063	.042	.057
C NOMET	.048	.036	,034	.044	.041	,036	,042	.039	.015	.029
C OMET	,147	.152	.148	.147	.154	.150	.131	.130	.117	.130
Standard deviation	.252	.248	.243	.250	.242	.237	,242	.235	.216	.229

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Table 4.9.1.10 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING EMERGENCY ROOM CARE, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NERAL ASS	<u>ISTANCE</u>					
B Total	.156	.147	.170	.174	.151	.170	.184	.170	.177	.184
E NOMET	.091	,080,	,112	,116	.101	.105	.127	,099	,096	.122
E OMHT	.247	.227	.243	.250	.245	.240	.263	.261	.279	.259
E TPMHT	.127	.155	.155	.135	,130	,231	.122	.200	.065	.226
E Both	.272	.329	.298	.309	.173	.315	.336	.304	,365	,293
C Total	.138	,148	,141	.147	.166	.156	.161	.174	.177	.155
C NOMHT	.082	,088	,099	.104	.117	.107	.129	.153	.139	.126
c OMET	.236	.255	,215	,221	.254	,241	.218	.213	,246	.203
Standard deviation	.357	.355	,367	.372	.363	.372	,381	.377	,382	,380
				OTHE	R					
B Total	.056	.061	,066	.071	.053	.057	.057	.059	,053	.060
B Nomet	.049	.055	.056	.067	.049	.047	,049	,042	.047	.041
E OMET	.106	.107	.127	,104	.079	.101	.092	.168	,091	.163
e temet	,208	.125	,182	.048	.050	.200	,222	,000	,000	.333
B Both	.231	.077	.333	.167	.091	.182	.000	.250	,000,	.000
C Total	.061	.068	,066	.065	,059	.049	.064	.076	.046	.057
C NOMET	.057	.066	.056	.059	.048	.043	,051	,069	.042	,058
C OMET	.097	.085	.132	.100	,130	.090	.136	.111	.062	.051
Standard deviation	.233	.243	,248	,253	,228	.227	.235	.246	.219	.236

 $\label{thm:continuous} \mbox{Table $\textbf{4.9.J.1}}$ Medicaid current period population: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status.

Mental health										
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
B Total										
ENOMHT	1.19	1.22	1.19	1.26	1.14	1.39	1.45	1.56	1.46	1.50
E OMET	2.22	2.37	2.10	2.26	2.04	2.63	2.83	3.37	3.12	3.19
E TFMET										
E										
		1.47								
Nomet										
COMMT	2.48	2.69	2.39	2.65	2.30	2.72	2.85	3.35	3.12	3.30
Standard deviation	2.90	2.96	2.85	3.03	2.80	3.47	3.72	4.27	4.26	4.29

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	Ĩ	BITHERMEDIC		NOSIS	OR SUB	STANCE	ABUSE			
B Total	1.00	1.00	.98	1.04	.95	1.11	1.16	1.26	1.16	1.20
E NOMET	.95	.94	.93	.98	.90	1.06	1.09	1.19	1.09	1.12
E OMHT	1.48	1.54	1.39	1.51	1.25	1.60	1.67	1.79	1.64	1.76
R TPMET	1.65	1.34	1.61	1.93	1.85	1.89	2.12	2.00	1.83	1.97
B Both	2.57	2.56	1.77	2.27	2.06	1.89	2.50	2.50	2.18	2.59
C Total	1.01	1.08	.97	1.03	.95	1.12	1.18	1.29	1.26	1.25
c Nomet	.94	1.00	.91	.99	.90	1.06	1.10	1.23	1.20	1.17
C OMET	1.66	1.93	1.65	1.51	1.48	1.68	1.92	1.84	1.84	1.93
Standard deviation	2.11	2.24	2.11	2.20	2.03	2.44	2.61	3.07	3.08	2.83
			<u>CHRON</u>	IC MEDICA	L DIAGNOSE	<u>ES</u>				
E Total	2.04	2.15	2.03	2.18	1.95	2.48	2.62	2.87	2.64	2.71
E NOMET	1.72	1.79	1.74	1.85	1.63	2.05	2.16	2.26	2.07	2.15
E OMHT	2.92	3.25	2.94	3.11	2.91	3.82	4.10	4.83	4.54	4.48
E TFMET	4.11	3.94	3.67	4.01	3.79	4.43	4.54	5.36	4.95	4.56
B Both	4.96	4.90	4.18	4.75	4.17	5.41	5.85	7.00	5.99	7.14

 ${\tt C}\,{\tt Total}$

HOMET

OMHT

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Table **4.9.J.2** -- Continued Medicaid current period population: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status **and** diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			(SUBSTANCE	ABUSE					
g Total	2.24	2.27	1.63	1.89	1.73	2.24	2.46	3.18	3.13	3.24
B NOMHT	1.50	1.90	1.44	1.41	1.29	2.03	1.92	2.70	2.90	2.53
E OMHT	2.42	2.29	1.67	1.93	1.75	2.14	2.38	3.38	3.00	3.24
R TPMET	2.64	2.90	1.43	1.79	2.81	1.81	2.77	2.73	1.80	3.20
R Both	2.77	3.00	1.78	2.63	2.31	3.54	4.54	3.19	4.54	4.91
C Total	2.27	2.30	2.06	2.69	2.21	2.54	2.59	3.19	2.82	2.90
C NOMET	2.13	2.17	1.99	2.78	2.50	2.08	2.87	2.98	2.10	3.35
C OMET	2.32	2.35	2.08	2.66	2.12	2.70	2.50	3.26	3.04	2.76
Standard deviation	3.71	3.70	3.18	3.85	3.17	3.94	4.46	5.32	5.17	5.34

Table **4.9.J.3**Medicaid current period population: LABORATORY AND X-RAY PROCELWRES, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LE	SS THAN	18 YEARS					
g Total	.86	.83	.88	• 92	.87	1.02	1.08	1.11	1.06	1.06
E NOMET	.84	.81	• 86	.89	.85	.99	1.04	1.06	1.03	1.04
E OMHT	1.19	1.14	1.28	1.24	1.21	1.33	1.61	1.79	1.56	1.44
E TYMET	1.13	.88	1.25	1.58	1.63	1.59	2.12	1.62	1.37	1.35
K Both	2.53	2.50	1.65	1.19	.86	1.14	1.36	1.76	1.09	1.91
C Total	.85	.84	.86	.92	.87	1.04	1.03	1.10	1.07	1.05
C NOMHT	.83	.81	.83	.89	.84	1.01	.98	1.07	1.03	1.01
c OMHT	1.22	1.27	1.29	1.44	1.43	1.50	1.73	1.65	1.66	1.57
Standard deviation	1.61	1.58	1.71	1.77	1.69	1.98	2.07	2.23	2.29	2.21
			<u>18</u>	THROUGH !	59 YEARS					
E Total	2.19	2.34	2.15	2.31	2.15	2.74	2.91	3.40	3.22	3.38
B NOMET	1.92	2.05	1.95	2.13	1.93	2.43	2.58	2.94	2.79	2.93
E ONET	2.62	2.82	2.43	2.65	2.40	,316	3.36	4.06	3.81	3.92
e temet	3.72	3.59	3.43	3.72	3.52	4.08	4.22	5.18	4.85	4.72
g Both	4.08	4.09	3.20	3.85	3.42	4.29	4.91	5.52	5.08	5.92
C Total	2.30	2.48	2.21	2.48	2.20	2.19	2.89	3.36	3.17	3.44
c Nomet	2.10	2.25	2.01	2.21	2.03	2.63	2.71	3.09	2.93	3.20
C OMET	2.92	3.17	2.80	3.08	2.65	3.19	3.32	3.99	3.12	3.98
Standard deviation	3.89	4.01	3.82	4.09	3.81	4.78	5.19	5.84	5.75	6.06

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Table **4.9.J.3** -- Continued Medicaid current period population: LABORATORY AND X-RAY **PROCEDURES**, by mental health treatment status end age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>) TEARS	AND OLDER					
K Total	.86	.90	.73	.73	.53	.66	.59	.60	.36	.32
E NOMHT	.79	.82	.68	.68	.49	.61	.55	.56	.34	.31
E ONET	.92	1.28	.90	.99	• 54	.80	.50	.88	.32	.27
E TFMET	3.96	2.62	1.65	1.92	2.03	2.12	2.13	.85	.88	.67
R Both	4.88	4.00	3.14	3.67	3.22	3.12	3.88	3.12	2.87	2.00
C Total	.90	.97	.76	.66	.53	.62	.63	.65	.56	.28
C NOMET	.87	.92	.74	.61	.51	.61	.64	.65	.59	.29
c omet	1.30	1.71	1.01	1.25	.74	.77	• 44	.71	.11	.11
Standard deviation	2.90	2.76	2.48	2.63	2.06	2.56	2.69	3.95	3.94	2.40

Table 4.9.J.4 Medicaid current period population: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and gender.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PENAL	<u>e</u>					
B Total	1.59	1.66	1.57	1.70	1.54	1.89	2.00	2.23	2.11	2.17
E NOMHT	1.37	1.41	1.36	1.46	1.32	1.60	1.69	1.86	1.74	1.78
E OMET	2.65	2.92	2.61	2.81	2.45	3.20	3.43	4.04	3.72	3.90
E TPMHT	3.58	3.29	3.14	3.65	3.36	3.79	3.65	4.07	4.17	3.91
B Both	4.64	4.72	3.81	4.30	4.03	4.00	5.58	6.10	5.43	6.26
C Total	1.63	1.70	1.56	1.72	1.56	1.93	1.97	2.20	2.09	2.21
C Nomet	1.44	1.48	1.37	1.50	1.36	1.72	1.72	1.90	1.80	1.86
C OMET	2.94	3.25	2.88	3.17	2.04	3.28	3.57	4.00	3.76	4.15
Standard deviation	3.19	3.21	3.13	3.36	3.11	3.81	4.12	4.65	4.65	4.74
				MALE	<u> </u>					
E Total	1.05	1.06	1.03	1.09	1.00	1.22	1.28	1.38	1.28	1.30
R Nomet	.92	.93	.94	.98	.88	1.07	1.09	1.12	1.04	1.08
E OMET	1.68	1.71	1.49	1.60	1.55	1.96	2.13	2.52	2.34	2.23
E TPMHT	2.11	1.99	1.93	1.61	1.89	1.99	3.29	3.74,	2.17	2.32
B Both	2.84	2.73	1.98	2.70	1.93	2.57	3.04	3.69	3.60	4.23
C Total	1.09	1.12	1.06	1.14	1.01	1.23	1.24	1.43	1.33	1.29
C NOMET	.98	1.00	.96	1.01	.90	1.10	1.12	1.24	1.16	1.14
C OMET	1.79	1.89	1.70	1.93	1.60	2.00	1.93	2.48	2.22	2.07
Standard deviation	2.39	2.49	2.34	2.44	2.23	2.84	3.01	3.57	3.53	3.41

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Table 4.9.J.5

Medicaid current period population: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status **and** Medicaid eligibility group.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AII</u>	O TO PAM	ILIES WITE	DEPENDEN'	CHILDREN				
R Total	1.27	1.28	1.29	1.36	1.27	1.52	1.61	1.73	1.66	1.67
E NOMET	1.15	1.15	1.17	1.23	1.14	1.37	1.45	1.53	1.47	1.49
E OMET	2.32	2.36	2.34	2.39	2.18	2.75	3.02	3.37	3.30	3.05
R TYMHT	2.62	2.37	2.59	2.79	2.90	3.06	3.05	3.54	3.21	3.16
B Both	3.72	3.96	3.28	3.64	3.45	3.65	4.23	5.00	3.58	5.07
C Total	1.32	1.32	1.30	1.42	1.28	1.57	1.59	1.73	1.68	1.78
C NOMET	1.20	1.21	1.18	1.28	1.17	1.46	1.44	1.59	1.53	1.58
c omet	2.59	2.53	2.56	2.92	2.55	2.82	3.17	3.21	3.22	3.80
Standard deviation	2.49	2.45	2.54	2.65	2.48	3.07	3.18	3.44	3.40	3.59
			AGED,	BLIND, AN	ID DISABLE	<u>ED</u>				
E Total	1.28	1.42	1.17	1.30	1.09	1.37	1.37	1.62	1.40	1.48
E Nomit	1.01	1.10	.94	1.01	.83	1.03	1.01	1.26	.98	1.01
E OMBT	1.60	2.06	1.56	1.81	1.52	2.14	2.01	2.40	2.11	2.43
e temet	4.04	3.13	2.78	3.55	2.89	3.16	3.68	2.79	4.23	3.50
ß Both	4.13	4.02	3.07	3.67	3.45	3.74	4.58	4.67	5.10	5.15
C Total	1.43	1.63	1.35	1.42	1.17	1.36	1.43	1.69	1.35	1.42
C NOMET	1.26	1.34	1.09	1.16	.91	1.11	1.15	1.34	.99	1.03
c OMHT	2.02	2.61	2.23	2.28	2.02	2.17	2.38	2.82	2.46	2.60
Standard deviation	3.69	3.87	3.38	3.58	3.25	3.79	4.15	5.39	4.97	4.81

Table **4.9.J.5** -- Continued Medicaid current period population: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NERAL AS	<u>SISTANCE</u>					
E Total	2.54	2.59	2.31	2.55	2.26	2.97	3.30	3.86	3.57	3.77
B NOMHT	2.18	2.17	2.12	2.25	1.98	2.52	2.76	2.93	2.74	3.00
E OMHT	2.74	2.86	2.38	2.67	2.46	3.16	3.66	4.78	4.40	4.45
e temet	4.83	5.28	3.80	4.27	3.89	5.08	5.79	6.48	5.53	4.53
B Both	4.20	4.13	3.09	3.93	3.09	4.81	5.36	5.98	5.79	6.74
C Total	2.31	2.66	2.28	2.55	2.26	3.00	2.99	3.75	3.68	3.43
C Nomet	2.00	2.28	2.07	2.30	2.21	2.84	2.93	3.34	3.32	3.07
C OMET	2.87	3.30	2.61	2.91	2.34	3.21	3.06	4.34	4.20	3.93
Standard deviation	4.17	4.33	3.98	4.38	3.93	4.98	5.72	6.43	6.95	6.38
				OTHE	<u>R</u>					
E Total	1.14	1.26	1.10	1.22	1.06	1.32	1.31	1.55	1.44	1.68
B NOMHT	1.06	1.20	1.03	1.16	1.00	1.26	1.23	1.39	1.36	1.49
B OMHT	1.50	1.42	1.35	1.38	1.35	1.54	1.53	1.99	1.79	2.51
E TFMHT	3.79	3.54	3.40	2.93	2.07	3.08	3.97	7.53	3.50	7.47
B Both	5.00	3.53	3.55	3.38	2.55	3.22	3.35	5.08	1.50	1.33
C Total	1.22	1.24	1.01	1.09	1.05	1.26	1.43	1.57	1.54	1.65
C Nomet	1.14	1.19	.99	1.03	.95	1.15	1.32	1.36	1.49	1.62
C OMET	1.98	1.77	1.17	1.57	1.85	2.17	- 2.20	2.84	1.80	1.77
Standard deviation	2.83	2.84	2.62	2.86	2.55	3.30	3.50	4.07	3.86	4.59

Table **4.9.J.6**Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
8 Total	1.37	1.46	1.41	1.50	1.30	1.63	1.76	1.91	1.01	1.07
E NOMET	1.19	1.25	1.23	1.28	1.17	1.35	1.44	1.49	1.43	1.40
E OMET	2.22	2.41	2.22	2.34	2.10	2.73	2.96	3.49	3.16	3.18
R TFMET	3.21	3.02	2.91	3.21	3.13	3.26	3.30	4.00	3.73	3.52
E Both	4.04	4.00	3.27	3.77	3.50	4.12	4.71	5.32	4.76	5.51
C Total	1.41	1.51	1.43	1.56	1.40	1.60	1.70	1.07	1.77	1.80
c Nomht	1.26	1.33	1.26	1.36	1.22	1.40	1.50	1.61	1.53	1.59
c ONET	2.40	2.60	2.49	2.74	2.39	2.75	2.77	3.12	2.94	3.25
Standard deviation	2.90	2.90	2.92	3.12	2.88	3.45	3.79	4.19	4.21	4.39

Table 4.9.J.7

Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	EITHER CHRON	IC MEDICAL I	DIAGNOSIS	S OR SUB	STANCE A	ABUSE_			
g Total	1.00	1.03	1.01	1.05	.99	1.10	1.16	1.18	1.11	1.12
E NOMHT	.95	.97	.95	.99	.93	1.03	1.08	1.09	1.03	1.03
R OMHT	1.48	1.54	1.45	1.54	1.24	1.61	1.60	1.72	1.57	1.62
E TFMHT	1.65	1.18	1.61	1.77	1.96	1.61	2.02	1.94	1.71	2.00
B Both	2.57	2.44	1.77	2.33	2.17	1.93	2.70	2.66	2.19	2.54
C Total	1.01	1.09	1.02	1.07	.96	1.13	1.19	1.24	1.22	1.20
C NOMET	.94	1.01	.94	1.02	.91	1.08	1.11	1.18	1.18	1.12
C OMET	1.66	1.91	1.71	1.53	1.45	1.59	1.83	1.67	1.50	1.68
Standard deviation	2.11	2.21	2.08	2.22	2.06	2.38	2.50	2.62	2.72	2.63
			CHRON	VIC MEDICAL	DIAGNOSE	E <u>S</u>				
K Total	2.04	2.15	2.04	2.13	1.92	2.33	2.48	2.73	2.56	2.66
B NOMHT	1.72	1.78	1.72	1.78	1.56	1.85	1.97	2.05	1.94	2.09
E OMET	2.92	3.26	2.99	3.02	2.85	3.14	4.03	4.67	4.38	4.25
R TFMHT	4.11	4.05	3.66	4.08	3.82	4.25	4.10	5.21	4.88	4.35
8 Both	4.96	4.88	4.22	4.60	4.32	5.05	5.47	6.67	5.62	6.30
C Total	2.11	2.14	2.01	2.15	1.90	2.29	2.25	2.52	2.35	2.59
C NOMET	1.87	1.87	1.76	1.84	1.65	2.01	1.97	2.13	1.95	2.13
C OMET	3.30	3.45	3.21	3.63	3.08	3.63	3.52	4.28	4.06	4.54
Standard deviation	3.86	3.81	3.77	3.94	3.63	4.38	4.80	5.35	5.34	5.65

Table 4.9.J.7 -- Continued

Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			(SUBSTANC	E ABUSE				• • • • • • • • • • • • • • • • • • • •	
R Total	2.24	2.45	1.81	2.23	1.97	2.42	2.87	3.74	3.42	3.87
E NOMHT	1.50	2.08	1.54	1.66	1.47	1.95	1.50	2.37	3.01	2.07
E OMBT	2.42	2.42	1.94	2.42	2.00	2.36	3.06	4.52	3.32	3.95
B TPMET	2.64	3.22	1.73	2.00	2.50	1.00	2.75	3.63	1.63	3.22
B Both	2.77	3.51	1.74	2.67	2.76	4.18	5.33	3.06	5.38	8.07
C Total	2.27	2.33	2.20	3.06	2.52	2.68	2.69	3.14	2.61	2.58
C NOMET	2.13	2.19	2.04	2.97	2.22	2.00	2.58	3.21	1.54	2.02
c onet	2.32	2.38	2.26	3.09	2.66	2.99	2.74	3.11	3.05	2.82
Standard deviation	3.71	3.87	3.29	4.34	3.44	3.97	5.14	5.72	4.93	5.44

Table **4.9.J.8**Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and age in 1983.

Mental health					Calendar	period			_	
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LE	SS TEAR	18 YEARS					
E Total	.86	.88	.94	.95	.93	1.00	1.12	1.03	1.00	.99
E NOMET	.84	.86	• 91	.92	.89	.97	1.08	.98	.97	.96
E OMET	1.19	1.18	1.40	1.34	1.26	1.36	1.61	1.72	1.42	1.28
E TPMET	1.13	.90	.99	1.45	1.92	1.68	1.92	1.35	1.32	1.28
R Both	2.53	2.53	1.56	1.47	1.35	1.61	1.89	1.50	1.07	1.67
C Total	.85	.88	.92	.97	.91	1.06	1.06	1.06	1.04	.98
C NOMET	.83	.86	.89	.94	.87	1.03	1.00	1.02	1.01	.95
C OMET	1.22	1.29	1.41	1.43	1.44	1.39	1.81	1.58	1.52	1.37
Standard deviation	1.61	1.62	1.76	1.85	1.74	1.93	2.08	2.12	2.18	2.06
			<u>18</u>	THROUG	H 59 YEARS					
E Total	2.19	2.42	2.27	2.49	2.26	2.82	3.02	3.49	3.27	3.44
e nomet	1.92	2.12	2.03	2.22	2.00	2.45	2.59	2.92	2.77	2.95
E OMHT	2.62	2.91	2.61	2.79	2.50	3.34	3.62	4.27	3.93	3.99
E TPMHT	3.72	3.68	3.62	3.90	3.60	3.90	3.97	5.35	4.85	4.70
R Both	4.08	4.16	3.36	3.91	3.74	4.36	4.99	5.66	5.04	5.93
C Total	2.30	2.54	2.36	2.65	2.32	2.89	2.92	3.35	3.16	3.54
c Nomet	2.10	2.31	2.14	2.40	2.12	2.69	2.75	3.14	2.95	3.30
C OMET	2.92	3.20	2.96	3.28	2.84	3.37	3.29	3.31	3.62	4.06
Standard deviation	3.89	4.04	3.94	4.16	3.88	4.74	5.20	5.82	5.74	6.17

Table 4.9.J.8 -- Continued

Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS MD (<u>)LDER</u>					
K Total	.86	.86	.66	.64	.45	.45	.34	.36	.26	.21
E Nomet	.79	.79	.62	.58	.39	.38	.28	.29	.22	.2
E OMET	.92	1.25	.85	.85	.53	.84	.42	.82	.28	.17
E TPMET	3.96	2.91	1.72	2.17	2.19	2.43	2.17	1.00	1.03	. 47
R Both	1.88	3.75	2.81	3.00	2.25	1.27	1.80	2.60	2.77	.67
C Total	.90	.96	.67	.59	.46	.43	.50	.43	.32	.10
c Nomet	.87	.90	.66	.55	.45	.42	.53	.43	.35	.10
c OMET	1.30	1.61	.85	1.06	.56	.48	.25	.45	.08	.11
Standard deviation	2.90	2.76	2.31	2.59	2.00	2.06	2.26	1.94	2.54	1.34

 $\label{eq:continuous} Table~\textbf{4.9.J.9}$ Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status end gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAI	E					
B Total	1.59	1.71	1.64	1.74	1.61	1.93	2.05	2.25	2.12	2.18
e nomet	1.37	1.45	1.41	1.46	1.35	1.57	1.67	1.77	1.67	1.73
E OMET	2.65	2.94	2.68	2.81	2.45	3.30	3.51	4.07	3.71	3.73
B TYMET	3.58	3.38	3.33	3.76	3.64	3.18	3.56	4.20	4.29	3.91
B Both	4.64	4.76	3.86	4.24	4.30	5.02	5.72	6.30	5.50	6.18
C Total	1.63	1.75	1.63	1.79	1.61	1.95	2.01	2.18	2.05	2.21
C NOMET	1.44	1.53	1.42	1.55	1.40	1.72	1.76	1.90	1.75	1.85
C OMET	2.94	3.17	2.91	3.21	2.82	3.17	3.31	3.64	3.54	3.95
Standard deviation	3.19	3.21	3.22	3.42	3.19	3.86	4.24	4.55	4.54	4.14
				MALE	<u>!</u>					
E Total	1.05	1.08	1.06	1.12	1.01	1.15	1.28	1.33	1.27	1.32
E NOMET	.92	.95	.96	.99	.89	1.01	1.08	1.03	1.01	1.05
E ONHT	1.68	1.72	1.61	1.69	1.59	1.91	2.16	2.61	2.35	2.36
E TPMET	2.11	1.97	1.68	1.56	1.58	1.55	2.81	3.71	1.62	2.08
B Both	2.84	2.69	2.04	2.73	1.98	1.90	2.30	3.08	3.15	3.92
C Total	1.09	1.13	1.12	1.17	1.03	1.23	1.20	1.33	1.28	1.30
C NOMET	.98	1.00	1.00	1.03	.92	1.08	1.07	1.14	1.14	1.13
C OMET	1.79	1.92	1.82	1.96	1.67	2.08	1.87	2.21	1.93	2.06
Standard deviation	2.39	2.43	2.31	2.51	2.23	2.59	2.82	3.42	3.53	3.65

Table **4.9.J.10**Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and Medicaid eligibility group.

Hental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID	TO FAM	IILIES VI	TH DEPENDEN	T CHILDREN				
E Total	1.27	1.33	1.38	1.44	1.38	1.60	1.78	1.82	1.76	1.76
E NOMET	1.15	1.19	1.24	1.29	1.23	1.41	1.56	1.53	1.50	1.52
E OMET	2.32	2.38	2.49	2.46	2.20	2.84	3.21	3.65	3.53	3.12
R TYMHT	2.62	2.40	2.67	2.87	3.21	3.03	2.98	3.78	3.15	3.29
E Both	3.72	4.05	3.12	3.61	3.66	3.59	4.34	5.30	3.81	5.50
C Total	1.32	1.38	1.40	1.54	1.40	1.71	1.78	1.86	1.84	1.95
C NOMET	1.20	1.27	1.27	1.39	1.26	1.56	1.59	1.69	1.65	1.69
C OMET	2.59	2.55	2.70	2.96	2.64	2.97	3.31	3.18	3.37	4.00
Standard deviation	2.49	2.49	2.65	2.76	2.63	3.13	3.38	3.58	3.66	3.87
			<u>AGED</u>	BLIND, ANI) DISABLE	<u>:D</u>				
B Total	1.28	1.37	1.12	1.20	.98	1.23	1.21	1.48	1.31	1.45
R Nomet	1.01	1.05	.a?	.a?	.69	.a4	.76	1.05	.86	.92
E OMET	1.60	2.05	1.62	1.80	1.46	2.12	2.05	2.38	1.95	2.53
E TFMHT	4.04	3.20	2.65	3.49	2.71	2.77	3.44	2.74	4.15	3.24
B Both	4.13	3.98	3.11	3.70	3.53	3.63	4.16	4.16	4.87	4.72
C Total	1.43	1.56	1.26	1.31	1.07	1.19	1.23	1.45	1.05	1.30
C NOMET	1.26	1.27	.98	1.05	.80	.90	.93	1.06	.64	.a4
C OMET	2.02	2.52	2.13	2.11	1.87	2.05	2.08	2.57	2.16	2.49
Standard deviation	3.69	3.72	3.33	3.43	3.08	3.51	3.95	4.41	4.07	4.70

Table 4.9.J.10 -- Continued

Medicaid beginning population still eligible in each period: LABORATORY AND X-RAY PROCEDURES, by mental health treatment status and Medicaid eligibility group.

Mental healtb					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>G</u> :	ENERAL I	SSISTANCE					
B Total	2.54	2.87	2.53	2.82	2.48	3.26	3.67	4.25	3.99	4.13
E Nomet	2.18	2.43	2.29	2.44	2.03	2.54	2.86	3.09	2.94	3.26
E OMHT	2.74	3.13	2.62	3.04	2.99	3.77	4.50	5.54	5.11	4.84
B TFMHT	4.83	5.64	4.22	4.79	3.31	5.35	5.10	5.71	5.68	4.94
B Both	4.20	4.26	3.39	4.02	3.53	5.21	5.93	6.70	6.06	6.89
C Total	2.31	2.73	2.39	2.74	2.48	3.10	2.83	3.75	3.75	3.25
C NOMET	2.00	2.30	2.09	2.26	2.25	2.68	2.70	3.21	3.58	2.95
C OMET	2.87	3.47	2.92	3.56	2.89	3.83	3.07	4.75	4.05	3.74
Standard deviation	4.17	4.55	4.13	4.68	4.15	5.26	6.08	6.87	7.39	6.36
				OTHE	<u>R</u>					
E Total	1.14	1.27	1.11	1.21	1.05	1.18	.99	1.27	1.06	1.46
E Nomet	1.06	1.22	1.02	1.15	.97	1.08	.a5	.98	.98	1.31
E OMET	1.50	1.31	1.35	1.28	1.31	1.47	1.42	1.92	1.18	2.04
E TFMST	3.79	4.04	3.45	3.10	2.90	2.80	4.22	11.00	12.33	8.67
B Both	5.00	3.31	5.17	3.75	3.64	3.73	3.10	4.63	.88	1.50
C Total	1.22	1.25	1.12	1.06	.99	1.12	1.17	1.17	1.34	1.60
C NOMET	1.14	1.19	1.09	.97	.a9	1.05	1.06	1.06	1.18	1.67
C OMHT	1.98	1.66	1.30	1.63	1.60	1.53	1.79	1.70	2.02	1.31
Standard deviation	2.83	2.95	2.45	2.95	2.46	3.06	2.93	4.06	3.26	4.52

Table **4.9.K.1**Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	,690	,708	.765	.958	.865	.916	.917	1.075	.993	1.108
E NOMHT	.379	,413	.435	.575	.487	.539	.535	.647	.560	.652
E OMHT	2.474	2.327	2.589	2.974	2.846	2.913	2.960	3.317	3.162	3.426
e temet	1.637	1.425	1.510	1.796	1.716	1.929	1.792	2.026	1.559	1.841
R Both	4.677	4.386	4.740	5,681	4.976	4.574	4.817	5.227	4.883	4.913
(Total	,648	.645	.761	.953	,881	.967	,933	1,137	.979	1.078
C NOMHT	.384	,405	.479	.605	,540	.627	,593	.738	.624	.702
C OMAT	2.421	2.260	2.593	3.146	2.976	3.027	2.962	3.456	2.926	3.116
Standard deviation	3.246	2.978	3.411	3.983	3.823	3.760	3.966	4.161	4.099	4.280

 $Table\ 4.9.K.2$ Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and diagnosis.

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	Ki	ITHER CERC	ONIC MEDICA	I DIAGNO	SIS OR S	UBSTANO	CE ABUSE			
B Total	,300	,333	.338	,456	.388	.414	,408	,506	.445	.530
E NOMET	.224	,262	,263	.359	,294	.318	,309	.398	.326	.397
R OMHT	1.062	.985	1.020	1.345	1.235	1.333	1.409	1.517	1,497	1.713
E TFNHT	.792	.582	.748	.785	.840	.788	.593	.818	.534	.641
E Both	1.762	2.150	2.026	2.558	1.963	1,765	1.671	1.924	1.645	1.706
C Total	.284	.305	.355	.467	.421	.479	,452	• 551	.476	.575
C NOMET	.212	,230	.270	.358	.304	.357	,325	,428	.337	.420
C OMMT	1.053	1.107	1.255	1.611	1.578	1.682	1.680	1.681	1.664	1.888
Standard deviation	1.491	1.565	1.636	1.910	1.845	2.005	2.083	2.153	2.260	2.414
			<u>CERON</u>	NIC MEDICAL I	DIAGNOSE	E <u>S</u>				
B Total	1.298	1.284	1.425	1.750	1.575	1,667	1.682	1.882	1.695	1.844
E NOMHT	.712	.725	.793	1.025	.868	.967	.976	1.099	,943	1.072
E OMET	3.685	3.570	4.002	4.570	4.462	4.461	4.559	5,021	4.693	4.943
e temet	2.097	1.886	1.964	2.526	2.345	2.752	2.558	2,861	2,263	2.587
8 Both	5.589	5.092	5.853	7.082	5.947	5.849	6.095	6.444	6.117	6.307
C Total	1.185	1.139	1.365	1.614	1.519	1.615	1.587	1.848	1.584	1.686
C Nomet	.718	.721	.864	1.055	,960	1.089	1.049	1.224	1.046	1.118
C OMET	3.517	3.211	3.778	4.269	4.195	4.120	4,159	4.805	4.061	4.245
Standard deviation	4.702	4.178	4.889	5.746	5.419	5.207	5.544	5.666	5.469	5.651

Table 4.9.K.2 -- Continued

Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANC	E ABUSE					
E Total	2.975	2.612	2.739	2.826	2.800	2.790	2.558	3.053	3.035	3.308
B Nomer	1.017	1.043	.845	,835	1.141	1.608	1.080	1.492	1.639	1.603
E OMHT	3.250	2.743	2.991	3.027	2.738	2.871	2.647	3.204	3.199	3.616
E TPMET	2.091	3.000	2.143	1.643	1.938	1,938	2.462	1.455	.400	2.500
B Both	6.433	5.721	5.610	6.146	7.000	5.325	5.861	6.493	5.705	5.482
C Total	2.542	2.459	2.353	3.342	2.794	3.056	2.714	3.693	2.616	2.616
C NOMIT	1.087	1.934	1.555	1.821	1.658	2.168	2.083	2.495	2.138	2.012
C OMET	3.043	2.646	2.615	3.799	3.157	3.351	2.919	4.080	2.767	2.818
Standard deviation	7.786	6.779	7.502	8.073	8.075	7.607	7.661	8.744	8.026	8.564

 $\label{thm:controller} Table~4.9.K.3$ Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status \mbox{and} age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>L</u>	BSS THAN	18 YEARS					
E Total	,139	.158	.153	.241	.173	.206	.206	.297	.213	.274
E NOMET	,129	.145	.143	.224	.153	,186	.182	.269	,192	.245
E OMHT	.325	,381	,313	.525	.467	.543	.597	.737	,551	.728
E TFMHT	.162	.240	.309	.523	.489	,428	.535	,522	.312	.500
R Both	,632	.727	.600	.286	.679	.357	.160	.360	.217	.000
C Total	,141	.162	,159	.246	.202	.239	.200	.309	.221	.261
C NOMET	.132	,154	.150	.231	.183	,218	,178	.284	,196	.239
C OMET	.295	.306	.303	.490	.532	.589	,561	.714	,633	.618
Standard deviation	.528	.580	,586	.746	.698	.782	,821	,952	.778	,924
			<u>18</u>	THROUG	H 59 years					
E Total	1.397	1.414	1.551	1.879	1,778	1.863	1.878	2,144	2.051	2.240
E NOMET	.700	.766	.816	1.043	.946	1.039	1.050	1.200	1.105	1.267
E OMHT	3.202	3.007	3.383	3.816	3.677	3.738	3,782	4.256	4.083	4.335
E TFMET	1.852	1.521	1.588	1,969	1.920	2.237	1.997	2.427	1.899	2,183
K Both	4.856	4.598	4.893	5.832	5.199	4.756	4.964	5.376	4.974	5.064
C Total	1.267	1.256	1.520	1.868	1.732	1.899	1.893	2.241	1.935	2.084
C NOMET	.672	.723	.901	1.100	.975	1.161	1.158	1.380	1.211	1,297
C OMIT	3.068	2.850	3.298	3.972	3.731	3.772	3.703	4.298	3.560	3.831
Standard deviation	4.965	4.537	5.210	6.109	5,881	5.775	6.122	6.440	6.324	6.573

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Table 4.9.K.3 -- Continued

Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YBARS AN	D OLDER					
E Total	.842	.873	,963	1.195	1.054	1.142	1.084	1.188	,995	1.109
E Nomet	.752	.801	.876	1.087	.952	1.035	.967	1.081	,890	.988
E OMET	1.410	1.201	1.301	1.714	1.761	1,770	1,824	1.864	1.584	1.953
B TFMHT	3.261	3.096	3.490	3.549	3.103	3.373	3.255	2.481	2.000	2.535
R Roth	4.563	3.167	5,053	7.667	5.111	5.941	7.529	8.529	9.733	8.786
C Total	.874	.830	.964	1.097	1.122	1.228	1.131	1,214	1.086	1,271
C NOMET	.801	.750	.895	1.041	1.076	1.183	1.096	1.173	1.012	1.219
C OMBT	1.826	1.847	1.899	1.844	1.750	1.851	1.636	1.800	2.029	1.920
Standard deviation	2.465	2.245	2.610	2.824	2.744	2.797	2.870	2.618	2.633	2.768

 $Table\ 4.9.K.4$ Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status \mbox{and} gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				PEMAI	<u>.E</u>					
E Total	.731	.757	.834	1.027	.940	.985	.989	1.156	1.064	1.188
E NOMET	,440	.465	.490	.637	.550	.610	.605	,732	.630	.736
E OMET	2.428	2.425	2.868	3.226	3.111	3.152	3.257	3.522	3.397	3.617
B TFMHT	1.556	1.410	1.556	1.845	1.695	1.815	1.605	1.841	1.455	1.691
E Both	4.491	4.421	4.828	5.608	5.168	4.395	4.713	5.266	4.770	4.848
C Total	.683	.697	.816	1.037	,925	1,020	1.000	1.223	1.062	1.176
C Nomet	.439	.446	,546	,692	.606	.701	,686	.814	.705	.781
C OMET	2.341	2.424	2.632	3.298	3.016	3,090	2.999	3.724	3.141	3.417
Standard deviation	3.152	2.946	3.450	3.984	3.784	3.729	3.934	4.189	4.106	4.223
				MALE	<u> </u>					
R Total	.629	.639	.666	.856	.757	.815	.812	,953	.883	.985
B NOMET	,290	.336	,355	.484	.395	.435	,432	.518	.452	.520
E OMHT	2.532	2.210	2.257	2.676	2.532	2.635	2.617	3.057	2.851	3.169
B TPMET	1.876	1.467	1.371	1.663	1.772	2.256	2.314	2.543	1.891	2.320
B Both	5.051	4.322	4.582	5.818	4.626	4,927	5,017	5.157	5.087	5.037
C Total	.595	.568	.679	.827	.814	.889	.836	1.008	.848	.924
C NOMET	.302	,342	.376	.472	.437	.515	.453	.621	.495	.577
C OMET	2.539	2.025	2.538	2.936	2.925	2,946	2.915	3.096	2,629	2.687
Standard deviation	3.379	3.022	3.352	3.978	3.879	3.802	4.011	4.116	4.085	4.364

Table 4.9.K.5

Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>ΑΙ</u>	D TO FAM	ILIBS WITH	DEPENDENT	CHILDREN	ı			
I Total	,391	.419	.435	.574	,502	.542	.544	.651	.556	.634
E Nomit	.265	,290	.293	.407	,318	,354	,356	.438	,345	.421
E OMET	1.710	1.725	1.910	2.269	2.284	2.475	2.506	2.687	2.598	2.686
R TPHHT	.861	.790	.907	1.039	1.000	1.081	.948	1.262	,908	1.072
B Both	2.519	2.814	2.828	3,517	4,089	3.068	3.335	4.340	3.362	3.544
C Total	,366	,383	.457	.618	.523	,563	.543	.672	.535	,638
C NOMET	.252	.285	,326	.439	.349	,401	.381	,501	,391	.467
C OMET	1.608	1.469	1.804	2.577	2.425	2.347	2.311	2.478	2.015	2.364
Standard deviation	2.084	2.029	2.317	2.882	2.776	2.689	2.786	2.842	2.657	2.801
			AGED,	BLIND, ANI) DISABLE	<u>D</u>				
E Total	1.273	1.327	1.444	1.703	1.569	1.597	1.581	1.708	1.526	1,681
E NOMET	.910	,926	1.040	1.227	1.109	1,181	1,150	1.257	1.111	1.206
E OMHT	1.928	2.207	2.315	2.701	2,641	2.473	2.415	2.687	2.394	2.617
E TPMHT	3.863	3.055	3.051	3.971	3.670	4.218	3.897	3.883	3.222	3.802
B Both	4.637	4.432	4.819	5.459	4.689	4.403	5.295	5.000	4.830	5.554
C Total	1,282	1.243	1.458	1.677	1.703	1.807	1.695	1.854	1.609	1.778
C NOMET	.976	.951	1.087	1.259	1.281	1.406	1.333	1.453	1.261	1.377
C OMET	2.312	2.226	2.694	3.044	3.070	3.109	2.901	3.157	2.683	2.984
Standard deviation	3.923	3.814	4.345	4.880	4.747	4.538	4,636	4.683	4.459	4.728

Table 4.9.K.5 -- Continued

Medicaid current period population: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status **and** Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Gen</u>	BRAL ASS	STANCE					
E Total	2.434	2.104	2.381	2.780	2.453	2.703	2.597	3.113	2.975	3.240
E NOMHT	,820	.a52	.907	1.151	1.012	1.260	1.149	1.343	1.239	1.478
E OMHT	4.416	3.564	4.070	4.530	4.102	4.228	4.342	5.366	5,232	5.723
R TPMHT	2.873	2.632	2.859	2.932	3.000	3.513	3.157	3.462	2.356	2.651
g Both	6.698	5.817	6.224	7.797	5.953	6.099	5.892	6.450	6.524	5.791
C Total	2.080	1,938	2.243	2.604	2.359	2.678	2.689	3.340	2.810	2.899
c Nomit	.802	.804	1.081	1.250	1.201	1,509	1.424	1.680	1.364	1.519
C OMHT	4.314	3.859	4.014	4.564	4.023	4.281	4.357	5.759	4.921	4.022
Standard deviation	7,413	6.162	7,084	8.008	7.358	7.451	8.124	8.814	8.721	9.123
				OTHER	!					
B Total	.463	.527	.558	.729	.684	.655	.694	.893	.884	1.073
E NOMET	.349	.417	.427	.581	.523	.527	.521	.761	.695	.821
E OMBT	1.418	1.463	1.647	1.801	1.810	1.657	2.015	1.866	2.033	2.583
E TPMHT	1.000	.919	,558	1.395	.977	1.158	1.462	1.000	1.000	1.800
B Both	4.692	3.353	4.500	4.714	4.800	2.778	2.706	2.000	1.800	2.111
C Total	.449	.459	.538	,632	.600	.637	.593	.818	.800	.856
c Nomet	.361	.338	.432	.517	.454	.542	.471	.631	.618	.649
C OMET	1.261	1.570	1.446	1,593	1.756	1,421	1.474	1.983	1.809	1.970
Standard deviation	1.958	1.909	2.260	2.252	2.488	2.266	2.459	2.687	3.157	3.206

Table 4.9.K.6

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status.

Mental heal th					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	,690	.767	,859	1.094	1.012	1.066	1.109	1.252	1.139	1.238
E NOMET	.379	,438	.472	.639	.544	.604	.617	.699	,597	.691
E OMET	2.474	2.512	2.891	3,349	3.260	3.234	3.427	3.776	3.480	3.609
E TPMHT	1.637	1.498	1.611	2.031	2.028	2.141	1.924	2.292	3.771	2.014
B Both	4.677	4.716	5.103	5,805	5,231	4.692	4.874	5,347	4.953	4.721
C Total	,648	.718	.854	1.061	1,028	1.116	1.106	1.255	1.078	1.171
C NOMET	.384	.446	.517	.652	,612	.710	,668	.800	.671	.75
C OMET	2.421	2.457	2,906	3.441	3.360	3.307	3,370	3.546	3.040	3.164
Standard deviation	3.246	3.145	3.694	4.264	4.230	4.156	4.576	4.719	4.587	4.615

Table 4.9.K.7

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	H	BITHER CHR	ONIC MEDI	CAL DIAGN	SIS OR	SUBSTANCE	ABUSE			
E Total	.300	.348	.358	,491	.411	.438	,457	.527	.457	.537
E NOMET	.224	.270	.274	,381	,303	.330	.347	.401	,305	.384
E OMHT	1.062	1.051	1.089	1.410	1.259	1,308	1.367	1.442	1.561	1.662
e temet	.792	.600	.773	,800	,856	.635	.519	.937	,615	,695
B Both	1.762	1.863	1.821	2.324	1.830	1.648	1.440	2,090	1.679	1.605
C Total	,284	,321	.372	.499	.465	.515	.508	.601	,531	,639
c Nomet	,212	.246	.273	.362	.312	.356	.331	,446	.350	.433
C OMMIT	1.053	1.133	1.288	1,699	1,718	1.749	1.804	1.694	1.725	2.002
Standard deviation	1.491	1.611	1.656	2.032	2.011	2.030	2.367	2.333	2.530	2.669
			CHRONIC	MEDICAL DI	AGROSE	<u>s</u>				
E Total	1.298	1.351	1.506	1.854	1.708	1.779	1.825	2.045	1.817	1.928
R NOMET	.712	.755	.824	1.076	,925	1.013	1.006	1,112	,980	1.110
E ONHT	3.685	3.722	4.193	4.143	4.660	4.556	4.817	5.456	4.149	4.830
e tymet	2,097	1.949	2.025	2.720	2.668	2.951	2.584	3.048	2,440	2.689
B Both	5,589	5.513	6.175	6.977	6.012	5.735	6.133	6.373	5.948	5.876
C Total	1.185	1.213	1.428	1.655	1.604	1.681	1.638	1.823	1.581	1.656
c Nomet	.718	.763	.887	1.059	1.010	1.146	1.062	1.207	1.027	1.116
C OMET	3,517	3.433	4.045	4.435	4.343	4.161	4.235	4.513	3.970	3.942
Standard deviation	4.702	4.320	5.075	5.773	5.601	5.402	5.915	6.125	5.786	5.751

Table 4.9.K.7 -- Continued

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>s</u>	UBSTANCE	ABUSE					
E Total	2.915	3.115	3.674	3.944	4.191	3.990	3,732	3.814	3.889	4.113
E Nomet	1.011	1.110	.895	.913	.991	1.691	1.230	1.648	1.284	1.543
E ONET	3.250	3.348	4.335	4.755	4.844	4.716	4.488	4.487	4.111	5.136
B TPNHT	2.091	3,333	2.121	2.556	2.800	2.100	3.815	2.000	,250	2.661
B Both	6,433	6.745	6.906	1.333	8.400	6.133	6.125	7.094	6.344	5.119
C Total	2.542	2.841	3.153	4.316	4.004	4.294	4.301	4,191	3.102	3.044
C NOMET	1.081	2.044	1.598	2.179	1.986	2.493	2.441	2.108	2.065	1.551
c omet	3.043	3.151	3.116	5.269	4.961	5.116	5.102	5.531	3.532	3.103
Standard deviation	1.186	1.319	8.901	9.584	10.060	9,163	9,811	10.006	9.444	9.434

Table 4.9.K.8

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			LES	SS THAN 1	8 YEARS					
g Total	.139	.169	.168	,271	.191	.219	,216	,289	.204	.262
R Nomer	,129	.154	,156	.250	.167	,191	.188	.253	,171	.228
E OMHT	,325	.415	.375	.625	.505	.616	,620	.791	.680	.741
E TFMHT	.162	,153	,122	.381	.469	.361	.400	.486	,271	.483
B Both	.632	.789	.667	.235	1.059	.500	,222	.389	.267	.000
C Total	,141	.172	.170	.265	,223	.267	.214	.312	.220	,251
c Nomet	,132	.164	.161	.246	.204	,245	.188	.278	.185	,221
C OMET	.295	.306	.322	.539	.505	.578	.568	.757	.682	.653
Standard deviation	.528	.598	,612	.773	.744	.782	.822	.908	.795	.879
			<u>18</u> '	THROUG	H 59 YEARS					
E Total	1.397	1.550	1.763	2.143	2.042	2.102	2.189	2.431	2.229	2.365
E NOMET	.700	.815	,891	1,140	1.015	1.119	1.169	1.265	1.112	1.289
E OMET	3,202	3.317	3.853	4.384	4.310	4.238	4.475	5 4.897	4.465	4.579
E TFMET	1.852	1.644	1.717	2.296	2.274	2.439	2.070	2.745	2.111	2.313
K Both	4.856	4.964	5.321	5.982	5.424	4.847	4.988	5.525	5.071	4.812
C Total	1.267	1.424	1.713	2.072	1.996	2.122	2,161	2.380	2.010	2.151
C NOMET	.672	.810	.958	1.161	1.067	1.247	1,227	1.442	1.199	1.309
C OMET	3.068	3.165	3.749	4.436	4.350	4.240	4.318	4.469	3.740	3.929
Standard deviation	4.965	4.821	5.670	6.518	6.429	6.265	6.907	7.127	6.862	6.854

Table 4.9.K.8 -- Continued

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			60	YEARS ARD	OLDER					
E Total	,842	.906	,977	1.266	1.125	1.221	1.162	1.198	1.024	1.136
E NOMET	.752	.830	,881	1,151	1.016	1.100	1.017	1.093	.925	1.012
E OMHT	1.410	1.240	1.293	1.611	1.533	1.568	1.596	1.466	1.305	1.565
E TYMET	3.261	3.378	3.953	3,951	4,000	4.300	4,289	2.816	2.467	3.032
E Both	4.563	2.938	4.563	7.375	5.063	5.867	7,867	7.533	7.692	a.583
C Total	.874	.875	1.022	1,166	1.172	1.264	1.163	1.234	1.178	1.315
C Nomet	.801	.797	.944	1.091	1.124	1.221	1.124	1.182	1,097	1.263
C OMET	1.826	1.802	1.945	1.991	1.692	1.716	1.583	1.785	1,978'	1.816
Standard deviation	2.464	2.300	2.617	2.983	2.898	2.968	2.981	2.683	2,692	2.834

Table 4.9.K.9

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMALE						
E Total	,731	.824	.943	1.195	1.113	1.170	1.201	1,354	1.230	1.351
E NOMET	.440	.501	.546	,719	.623	,692	.697	.804	.681	.813
R OMHT	2.428	2.577	3.078	3.633	3.477	3,461	3,608	3.909	3.739	3.826
E TFMHT	1.556	1.509	1.703	2.057	2.009	2.077	1.750	2.113	1.680	1.851
B Both	4.491	4.607	5.034	5.772	5.537	4.675	5.099	5.488	4.842	4.699
C Total	.683	.767	,901	1.155	1.083	1.182	1.156	1.361	1.175	1.312
C NOMET	,439	.488	.577	.754	.693	.818	.780	.924	,804	,903
C OMET	2,341	2.556	2.880	3.487	3,281	3.170	3,098	3,575	2.990	3.277
Standard deviation	3.152	3.127	3.710	4.341	4.243	4.214	4.398	4.746	4.573	4.605
				MALE						
E Total	.629	.680	.730	.934	.850	,897	.958	1.082	.983	1.043
B NOMET	.290	.343	.359	.512	.418	.462	.487	.525	.454	.500
E OMHT	2.532	2.427	2.635	2.958	2.953	2.908	3.162	3.578	3.098	3.282
E TFMET	1.876	1.466	1.342	1.955	2.084	2.347	2.479	2.843	2.117	2.617
E Both	5.051	4.939	5.246	5.078	4.547	4.735	4.336	5,028	5.198	4.775
C Total	.595	.639	.778	.906	.936	1.006	1.022	1.078	.909	.927
C NOMET	.302	.378	.418	.483	.478	,532	.484	.590	.435	.490
C OMET	2.539	2.300	2.947	3.366	3.493	3.527	3.823	3.498	3.125	2.975
Standard deviation	3.379	3.169	3.667	4.135	4.204	4.057	4.853	4.670	4.607	4.626

 $Table\ 4.9.K.10$ Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status end Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AID '	TO FAMILIES	WITH DEI	PENDENT	CHILDREN	[
E Total	.391	.446	.485	.657	.591	.640	,663	.773	,653	.741
B NOMET	.265	.302	.320	.446	.361	,409	.416	.482	.367	.457
E OMET	1.710	1.798	1.996	2.445	2.388	2.481	2.640	2.914	2.762	2,858
E TFMHT	.861	,813	,913	1.162	1.222	1.270	1.093	1.547	1.093	1.202
B Both	2.519	2.916	3.014	3.764	3.883	2.796	3.099	4.301	3.809	3.895
C Total	.366	,420	.510	.672	.596	.671	.671	.789	,618	.735
C NOMET	.252	,308	.347	.465	.387	.459	.433	,570	,431	.516
C OMET	1.608	1.558	2.085	2.608	2.441	2.479	2.591	2.535	2.102	2.472
Standard deviation	2.084	2.102	2.437	2.936	2.873	2.945	3.014	3.308	3.093	3.212
			AGED,	BLIND, AN	D DISABL	<u>ED</u>				
E Total	1.273	1.331	1.464	1.763	1.636	1,621	1.600	1.711	1.522	1.652
E Nomet	.910	.952	1.037	1.293	1.143	1.198	1.168	1,256	1.116	1.196
E OMET	1.928	2.129	2.360	2.619	2.637	2.347	2.237	2.503	2.198	2.345
K TFMET	3.863	3.392	3.615	4.724	4.575	5.014	4.600	4.261	3.717	4.390
I Both	4.637	4.297	4.646	5.389	4.762	4.285	4.893	4.871	4.509	5.165
C Total	1.282	1.304	1,542	1.760	1.829	1.918	1.791	1.877	1.655	1,767
C NOMET	.976	1.006	1.137	1.312	1.353	1,457	1.359	1,450	1.239	1.357
C OMET	2.312	2.305	2.842	3.147	3.268	3.269	3.035	3.085	2.784	2.849
Standard deviation	3.923	3.785	4.467	4.923	5.045	4,749	4.840	4.717	4.443	4.464

Table 4.9.K.10 -- Continued

Medicaid beginning population still eligible in each period: CONTROLLED DRUG PRESCRIPTIONS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			GI	ENERAL AS	<u>SISTANCE</u>					
R Total	2.434	2.572	3.001	3.515	3.183	3,589	3.734	4.178	3.861	3.994
K NOMET	.820	.963	1.014	1.305	1.079	1.401	1.356	1.445	1.378	1.719
E OMHT	4.416	4.481	5.508	6.393	6.273	6.643	7.829	8.431	7.535	7.591
E TPMET	2.873	2.776	2.776	3.346	3.333	3.423	2.796	3.667	2.258	2.452
8 Both	6.698	6.890	7.325	a.237	6.940	7.192	7.036	7.353	7.021	5.476
C Total	2.080	2.282	2.579	3.121	3.095	3.207	3.343	3.750	3.123	3.081
C NOMET	.802	.908	1.088	1.280	1.367	1.605	1.403	1.532	1.368	1.358
C OMET	4.314	4.713	5.156	6.287	6,131	6,004	6.839	7.792	6.304	5.936
Standard deviation	7.413	6.915	a.163	9.345	8.950 a	a.836 1	0.777	10.879	10.478	lo.495
				OTHE	<u>R</u>					
T Total	.463	.633	.701	.936	.890	.803	,896	1.088	1.100	1,266
E NOMET	,349	.487	.496	.691	,590	.535	.606	.814	.704	.845
E OMET	1.418	1.705	2.159	2.577	2,803	2.626	2.808	2.929	3.141	3.490
E TFMET	1.000	.875	.591	1,286	.650	,550	1.000	.615	1.667	1.667
E Both	4.692	4,385	7.500	7.167	7.727	4.182	4.100	2.750	1.875	2.125
C Total	,449	,547	.683	.790	.787	.774	.744	.899	1.000	1,042
C NOMET	.361	,395	,501	.589	.550	.659	.588	.630	.685	.786
c OMHT	1.261	1.674	1.904	2.000	2.293	1.500	1.617	2.247	2.385	2.237
Standard deviation	1.958	2.200	2.768	2.875	3.258	3 2.687	3.008	2.988	3.968	3.830

 $\label{thm:controlled} Table~\textbf{4.9.L.1}$ Medicaid current period population: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.194	.210	,211	,267	.227	.249	.236	.286	.243	.275
E NOMET	.163	.180	.180	,236	.194	,214	,201	.253	.209	.241
e onet	.365	.368	.369	.429	.388	.423	,412	.444	.398	.427
E TPMET	.379	.351	.397	• 454	.407	.423	.437	.475	.410	.478
B Both	.526	,547	,567	.571	.551	.557	.537	.576	,518	.542
C Total	.198	.206	.216	,266	.239	.254	.243	.302	.253	.276
C NOMET	.172	.178	.190	.239	.210	.227	,212	.275	.225	.247
C OMET	.378	,393	,384	.439	.415	.416	.425	.461	.409	• 437
Standard deviation	.396	.406	.409	.442	.421	1433	.426	.454	.431	.447

Table 4.9.L.2

Medicaid current period population: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and diagnosis.

Total B NOMET B OMET B TFMET E Both C Total C NOMET C OMET	Calendar period												
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1			
	K	RITHER CHE	ONIC MEDIC	AL DIAGNOS	IS OR SU	BSTANCE A	BUSE						
I Total	,134	.148	.146	,199	,157	,174	,163	,208	.168	,198			
B NOMET	.121	.136	,133	.184	.143	,158	,149	.193	.153	.181			
E OMET	,266	.264	,262	,334	.279	,323	,300	• 339	.285	,326			
E TPHET	,226	.230	.276	.309	.244	.263	,243	.311	.230	.327			
B Both	,333	• 371	.379	.468	.393	.410	.390	,427	.382	.422			
C Total	.137	.144	.150	.199	.170	.184	.171	.227	.181	.208			
C NOMET	.124	.131	.139	,185	,155	.168	,155	.213	,166	.191			
C OMET	,286	,282	.273	.347	,320	.344	.323	,356	.310	.354			
Standard deviation	,342	.354	,354	.399	.368	,382	.372	.410	.378	.401			
			CHRON	IC MEDICA	L DIAGNOS	<u>es</u>							
E Total	,300	.316	.323	.385	.342	.370	.355	.410	.348	.383			
E NOMET	.256	.273	.279	.343	.294	.325	.307	.367	.303	.341			
E OMET	.465	.479	.477	.536	.504	.528	.525	.556	.506	.529			
e temet	.470	,423	.477	.564	.524	.540	.576	.584	.526	.570			
E Both	.596	.632	.655	.627	.646	.618	,631	.665	.577	.601			
C Total	,298	.305	,320	,372	.345	,359	.349	.405	.346	,366			
C Nomet	.266	.269	.287	.338	.311	.333	,312	.376	,314	.332			
C ONET	,457	.486	.478	,532	.507	.484	.527	.543	.495	.521			
standard deviation	.458	.464	.467	,486	.475	,482	.478	.492	.476	.485			

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 $\label{thm:continued} Table~4.9.L.2~--~Continued$ Medicaid current period population: **SHARE** OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			!	SUBSTANCE A	BUSE					
K Total	.363	.356	.348	.382	.364	.413	.365	,384	,384	.404
E NOMET	.251	.292	.209	,282	.313	.364	.254	.299	.313	.346
E OMET	.375	,358	.364	.393	.359	.404	.396	.397	.389	.400
e tymet	.273	.400	.286	.286	.438	.375	.154	.545	.400	.600
B Both	.600	.515	.584	.549	,500	.614	,456	,493	.525	,536
C Total	,368	.407	,396	.407	.396	,404	,410	.477	.393	.387
C NOMET	.272	,358	.391	.425	,368	,395	,425	,443	.350	,358
C ONHT	.401	.424	.397	.402	,404	.407	.405	.488	.407	.397
Standard deviation	.482	.484	.481	.488	.484	,492	.486	,493	,487	.490

Table 4.9.L.3

Medicaid current period population: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>Ll</u>	ESS TIAN 18	YEARS					
E Total	.096	,106	,102	.155	,110	.128	.123	,171	.128	.155
E NOMET	.093	.102	,099	,150	,105	,123	.117	.164	.122	.149
R ONHT	,162	,175	.152	.241	.185	,219	.221	,266	,209	.245
R TFMET	,131	.135	.127	.281	.194	,193	.217	,221	.183	.283
B Both	.211	.227	,300	,190	,143	.214	,120	.320	.130	.000
C Total	.099	.107	.107	.153	.126	.137	.122	,183	.141	.162
C Nomet	.095	.105	.104	.149	.122	.132	.116	.177	.135	.157
C OMHT	.170	.149	.156	.228	.204	.219	.221	,284	,235	,240
Standard deviation	.296	.308	.305	.362	.319	.338	.328	,380	.338	.364
			<u>18</u>	THROUGH	59 YRARS					
R Total	.305	.329	.340	,396	,361	.389	,373	,422	.376	.411
E Nomet	.255	.284	.291	,352	.313	,340	.322	.376	,328	.367
B OMHT	.427	,431	.442	.489	.452	.490	.474	.506	.462	.489
E TPMHT	.434	.390	.462	.482	.461	.479	,494	.548	.470	.513
B Both	.537	.561	.577	,581	.571	.570	.550	.586	.533	.571
C Total	,309	.320	.340	.395	.366	.388	.384	.434	.372	.401
C NOMET	,268	.274	.302	.356	.323	.354	.343	.402	.335	.362
C OMET	.433	.459	.450	.502	.479	.474	• 484	.510	.456	.487
Standard deviation	.461	.469	,474	.489	.481	.487	,484	.495	.484	.492

Table 4.9.L.3 -- Continued

Medicaid current period population: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	YEARS A	AND OLDER					
E Total	.278	.296	.290	.364	.333	.360	.320	.381	.314	,351
E NOMET	.267	.289	.285	.355	.325	.352	,310	.375	,308	,346
E OMHT	.377	.335	,301	.400	.386	,391	.388	,389	.331	.320
B TFMHT	.522	,500	.471	.647	.500	.576	.545	.519	.500	.674
R Both	,625	.556	,579	.722	,611	.706	.765	.706	.733	,643
C Total	.282	.284	,302	.349	,332	,350	.335	,395	.333	.349
c Nomet	.271	.271	.297	.348	.332	.350	.331	,393	.331	.343
C ONHT	.421	.444	.370	,369	,336	,351	,382	,419	,359	.420
Standard deviation	.449	,455	.456	.480	,471	.479	.469	.487	.467	.477

 $Table\ 4.9.L.4$ Medicaid current period population: **SHARE** OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				FEMAI	<u>E</u>					
B Total	.218	.232	,236	,291	.252	.276	.259	.314	.273	.304
E Nomer	.187	,201	,203	.257	.218	.241	.223	,280	,237	.269
R OMET	.398	.408	.418	.466	.419	.467	.452	.483	.448	.462
E TPHET	.390	.354	,410	.484	.421	.426	.437	.474	.414	.498
R Both	.544	.576	,593	.614	.603	.584	.573	,625	,559	.576
C Total	.220	.226	.241	,292	.261	.279	.271	.331	.277	.305
C NOMHT	.192	,196	,215	.263	.231	.252	.238	.303	.247	.272
C OMET	.411	,430	,419	.477	.452	.458	.479	,501	.451	,492
Standard deviation	.414	,421	.426	.454	.436	.448	,440	,466	.446	.460
				MALI	<u> </u>					
E Total	.158	.177	.175	,233	.191	,209	,203	,245	.197	,229
E Nomet	,129	.148	.147	,203	.159	,175	,169	,214	.166	,196
E OMHT	.324	.321	,312	.385	.350	.372	.366	.394	.333	.380
E TYMHT	.347	.341	.357	.369	.368	.415	,438	.479	,396	.412
E Both	.490	,492	.521	.490	.458	.503	.466	,488	.443	.478
C Total	,165	.176	.178	.227	.207	.217	.202	,259	,216	.232
C NOMET	.140	,151	.153	,201	.178	.190	.174	.231	.189	.207
C OMET	,328	.339	,335	.386	.367	.363	.357	.406	.351	.359
Standard deviation	.367	,381	.381	.421	,397	.408	,402	.433	.402	.421

 $Table\ 4.9.L.5$ Medicaid current period population: **SHARE** OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		<u>AII</u>	O TO PAM	ILIES WITE	DEPENDENT	CHILDREN				
g Total	.156	,169	.168	,222	.176	,197	.189	.236	,193	.221
E NOMET	.138	.151	,149	.202	.155	.175	.167	.214	.170	.198
E OMET	.332	,341	.340	.406	.359	.401	,391	.429	.397	.410
E TPMET	,300	.251	.328	,380	,329	,331	.362	.419	,328	.409
g Both	.500	.545	.534	.529	.514	.472	.472	,613	.477	.504
C Total	.163	.169	.179	.225	.193	,204	.195	.249	,202	.230
C NOMET	.145	.153	,161	,208	.176	.188	.175	.232	.182	.209
c OMET	.351	.344	.371	.406	.388	.382	,411	.437	,404	,445
Standard deviation	.365	.375	,377	.416	.385	,399	,393	.427	.397	.417
			AGED,	BLIND, AN	DISABLE	<u>:D</u>				
g Total	.305	,321	,320	.384	.359	,375	,345	.394	.335	.376
E NOMET	.279	.294	.297	.361	.332	.350	,320	.374	,313	.354
E OMHT	,360	.370	.341	.423	.407	.410	.387	,420	.362	.400
B TFMHT	.563	• 527	.556	,612	,606	.627	.561	,602	.589	.663
B Both	.459	,534	.568	,561	,553	.579	,545	.549	,529	.546
C Total	.308	.316	,324	.383	.362	.378	,358	.419	,351	.361
C NOMET	.285	,290	,305	,353	.344	.364	.334	,403	.337	.339
C OMAT	.387	.405	,386	.481	,423	.423	.438	.468	.394	.428
Standard deviation	,461	.466	.467	.486	.480	.484	.477	.490	.474	.483

 $\begin{tabular}{lll} Table 4.9.L.5 & -- & Continued \\ Medicaid current period population: SHARE & OF POPULATION USING CONTROLLED \\ DRUGS \, , & by mental health treatment status and Medicaid eligibility group. \\ \end{tabular}$

Mental health					Calendar	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	NBRAL ASS	<u>ISTANCE</u>					
R Total	,353	.347	.374	.419	.376	.432	,400	.457	.402	.438
B NOMET	.263	.272	,292	.353	.308	.360	.317	.390	,334	.372
E OMHT	.453	.422	.455	,485	,441	.496	.490	.529	,481	.517
B TYMET	.524	.559	.535	,568	,506	,590	,614	,662	.533	.535
B Both	,598	.571	.610	,604	.573	.624	.586	.574	,545	.566
C Total	.327	,352	.364	.410	.391	,418	,402	,467	,386	.406
C Nomet	.257	.278	,312	,363	.335	.371	.357	,436	,335	.370
C OMBT	.450	.478	.443	.478	.471	.482	.462	.511	.461	,457
Standard deviation	.475	.476	.483	.493	.486	,495	.490	,498	.489	.495
				OTHE	<u>R</u>					
B Total	.171	,210	.200	.261	.226	.227	.216	.275	.236	.281
E NOMHT	,160	,196	.187	.244	,212	.213	,199	,268	,226	.270
R OMHT	.257	.312	.297	.365	.287	.317	,319	.320	.275	.323
e tymet	.417	.432	,349	.535	.432	.474	.487	.267	.438	.467
E Both	.615	.412	.400	.667	,650	.389	.529	.500	,500	.667
C Total	.179	.179	.186	.238	.211	.228	.218	.282	,263	.296
c Nomet	.169	.160	.179	.227	,195	.217	.202	,265	.250	.281
C OMHT	.267	.348	.250	.337	,335	.317	.332	.391	,338	.376
Standard deviation	.379	.400	.397	.435	.415	.419	.412	,448	,430	,452

Table 4.9.L.6

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
E Total	.194	.221	.227	.293	.247	.272	.260	.306	.253	.290
E NOMET	,163	.190	.194	.257	.209	.233	.220	.265	.211	.252
E OMET	,365	.382	.391	.459	.413	.446	.432	.468	.415	,433
E TFMHT	.379	.354	.391	.485	.427	.425	,439	.512	.444	.502
B Both	.526	.568	.576	.576	.564	.559	,525	.602	,525	.544
C fotal	.198	,219	.233	,293	.264	.283	.271	.318	.267	,293
c Nomet	.172	.189	.205	,263	,234	.256	,236	.290	.237	,261
c OMET	.378	.406	.399	,467	,433	,426	.452	.458	.413	.445
Standard deviation	.396	,414	.420	.455	,434	.447	.441	.462	.437	,454

 $Table\ 4.9.L.7$ Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and diagnosis.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
	<u>N</u>	NEITHER C	CHRONIC I	RDIÇAL DIAG	NOSIS OR	SUBSTAN	CE ABUSE			
I Total	,134	.155	.155	,215	.164	,185	.176	.215	.165	.200
E Nomet	,121	.142	.141	.199	.150	,166	.159	.195	.146	.180
E OMET	,266	.270	.273	,346	.273	.327	.302	,352	.295	.326
E TPMHT	,226	.224	.253	,306	.216	.264	.229	.349	.260	.347
B Both	,333	.376	.350	,432	.368	.417	.350	.416	.359	.382
C Total	.137	.151	.159	.220	.183	.201	.189	.231	.187	.219
C NOMET	.124	.138	.148	.204	.168	.184	,170	.215	.170	.198
c onet	.286	.279	.267	,359	.306	.336	.328	.347	.296	.357
Standard deviation	,342	,360	,363	.412	.376	.392	.384	,414	.378	,404
			<u>CHRO</u> 1	NIC MEDICAL	DIAGNOSI	<u>ES</u>				
E Total	,300	,326	.333	,402	.355	.380	.361	.414	.349	.390
E NOMET	.256	.281	.288	,357	.304	,334	.309	,366	.299	• 348
E OMHT	.465	.489	.484	.550	.515	,532	.522	.553	.497	.509
E TFMHT	.470	.425	,468	.591	.541	.515	,557	,594	.549	.582
B Both	.596	.649	.662	.627	.653	,605	.609	.671	.580	.603
C Total	.298	.315	.330	.384	.358	.373	.356	.408	,346	.368
C NOMET	.266	.276	.295	.349	.325	.350	.317	.381	,313	.335
c OMHT	.457	,505	,495	,551	.511	.479	,533	,525	.491	.506
Standard deviation	.458	,467	.471	.489	.479	.485	.480	.492	.476	.486

Table 4.9.L.7 -- Continued

Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS by mental health treatment status and diagnosis.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				SUBSTANC	E abuse					
R Total	.363	,391	.411	.459	.458	.494	.433	.456	,422	.459
E Nomet	.251	,315	,226	.307	.321	.385	.290	.308	.243	.357
E OMET	.375	.394	.453	.498	.502	.520	.507	.487	.480	.477
B TFMHT	.273	.444	,364	.444	,600	,400	.125	.750	,250	.556
1 Both	,600	.564	.642	.627	,520	.644	,475	.625	.563	.571
C Total	.368	,425	,436	.458	,496	.472	.500	,533	.459	,431
C NOMET	.272	.352	.378	,397	.389	.373	,441	,479	,413	.327
C OMET	.401	.454	.459	,486	.546	.517	,526	.552	.477	.477
Standard deviation	.482	.491	.494	.499	.500	,500	.499	• 500	.496	.498

 $Table\ 4.9.L.8$ Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and age in 1983.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			L	ESS THAN	18 YEARS					
E Total	.096	.113	,112	.174	.120	.138	,130	.171	.119	.153
E NOMHT	.093	.109	.108	,168	.115	.130	,122	.162	.110	.146
E OMET	.162	.184	.170	.272	.199	,247	.227	.276	.237	.247
E TPMET	.131	.133	,089	,268	,208	.216	,212	.270	,220	,293
B Both	,211	,211	,333	.176	.176	.278	. 167	,389	.133	,000
C Total	.099	.114	.115	.170	.141	.156	.131	.190	.140	,159
C NOMHT	.095	.111	.112	.165	.137	.152	.124	.183	.133	,153
C OMET	.170	.157	.169	.256	.195	.217	,222	.285	.226	.237
Standard deviation	,296	.317	.317	.378	.333	,351	.336	,382	.332	.362
			<u>18</u>	THROUGH	59 YEARS					
E Total	.305	.347	.364	.424	,380	.411	.397	.443	.381	,424
B Nomet	,255	,299	,311	.374	.324	.358	.344	.386	,324	.376
E OMHT	.427	,452	,472	,525	.487	.519	.502	,538	.475	.497
E TFMHT	.434	.399	.465	.537	.490	.467	.487	.582	.497	.536
E Both	.537	.584	.588	.589	.579	,568	.535	.608	,537	,572
C Total	.309	.341	.364	.428	.397	.413	.413	.448	,384	.420
C NOMET	.268	.293	.324	.385	• 351	.380	.366	.420	.346	.381
C OMET	.433	.478	.470	,539	.513	.493	.521	.509	.465	.501
Standard deviation	.461	.475	.481	.494	.487	.492	.490	.497	.486	.494

Table 4.9.L.8 -- Continued

Medicaid **beginning** population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and age in 1983.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>60</u>	O YEARS AI	ID OLDER					
E Total	.278	.304	,296	.380	.344	.370	.328	.380	.313	.346
E NOMHT	.267	.297	.291	,372	,338	.364	,316	• 377	.307	.342
E OMHT	.377	.333	.293	.395	.367	• 350	.369	.338	.305	.290
E TPMET	.522	.511	.488	.610	.487	.625	.605	.526	.533	.677
B Both	.625	,563	,563	,688	.625	.667	.733	.733	,692	.583
C Total	.282	.294	.314	.371	.334	,362	.347	,378	,335	.356
c Nomet	.271	.281	,310	.371	,336	,363	.343	.376	,333	,351
C OMET	,421	.448	,358	.373	.317	.353	.385	.409	,356	,402
standard deviation	.449	,458	.459	.485	.474	.482	.472	,485	.467	.477

 $\label{thm:controlled} Table~4.9.L.9$ Medicaid beginning population still eligible in each period: **SHARE** OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and gender.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
				<u> Pemai</u>	<u> </u>					
B Total	,218	,246	.255	.319	.274	.304	,287	.337	.284	.325
E NOMHT	.187	.213	,219	,281	,235	,264	.247	.296	,240	.287
E ONHT	.398	,420	.437	,500	.441	.483	,462	.499	.455	.461
B TFMHT	.390	.359	.411	.509	.441	.437	.447	.518	,456	.525
B Both	,544	.591	,603	,609	,613	,581	.559	.640	.575	.569
C Total	,220	,240	.261	.324	,289	,312	,304	,353	,294	.333
C NOMET	.192	,209	,232	.293	.258	.286	.267	.326	,261	.298
C OMET	,411	,440	.437	.500	.466	.455	,495	.492	.453	.496
Standard deviation	.414	.429	.437	.467	.448	.461	.455	.474	.453	.469
				MALE	<u>.</u>					
E Total	.158	.184	.184	,250	.204	,220	.215	.253	,200	.231
E NoMHT	.129	,155	.154	.219	.169	,182	.177	.214	.161	.191
E ONET	.324	,332	.329	.404	.372	.394	.389	,421	.357	.391
e tynet	.347	,339	.333	,414	.383	,386	,415	,494	.400	.417
8 Both	.490	,520	.521	.504	,453	,504	.445	.514	.416	.483
C Total	.165	.184	.187	.242	.223	,234	.217	,260	,220	.225
C NOMET	.140	,158	.162	.213	.195	.207	,185	.231	.193	.196
C OMET	.328	,353	.338	.413	.378	.379	.379	.403	.344	.359
Standard deviation	.367	.388	.388	.432	.407	.417	.411	.436	.405	,420

Table **4.9.L.10**Medicaid beginning population still eligible in each period: **SHARE** OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calenda	r period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
		AII	TO FAMIL	IES WITH DEF	PENDENT CH	IILDREN				
g Total	.156	.177	.183	.245	.194	.220	.214	.256	,202	.239
E NOMHT	.138	.158	,162	,222	,169	.194	.187	.224	.171	.210
E OMET	.332	.347	.356	.428	.369	,409	.403	.450	.407	.419
E TFMHT	.300	.259	.315	.419	.384	.359	.374	.475	.387	.447
E Both	,500	.548	,534	,520	.497	.465	.481	.650	.491	.514
C Total	.163	.180	.195	,251	.218	.233	,225	.275	,219	,249
C NOMET	.145	.163	.176	.232	.199	.215	,201	.256	.197	,223
C OMET	.351	.353	.386	,429	.383	.385	.418	,424	,402	.449
Standard deviation	.365	.383	,390	,431	.401	.417	.413	.440	.406	.428
			AGED,	BLIND, AN	D DISABLE	<u>ED</u>				
K Total	.305	.327	.323	.398	,364	.379	.345	.392	.331	.371
E NOMHT	.279	,299	.300	.376	.338	.352	,319	.370	.308	.348
E OMET	.360	.381	,347	,429	.405	.413	.382	.416	.358	.391
E TFMHT	,563	.544	.577	.671	.589	,644	.586	.623	.583	.644
E Both	,459	.539	.546	.540	.540	,585	,500	,543	.509	,544
C Total	.308	.320	.328	.399	.368	,383	.364	.402	.345	,365
C NOMET	.285	.294	.312	.373	.348	.374	.342	.388	.331	,346
C OMHT	,387	.406	.382	.481	.431	.407	.426	.441	.381	,414
Standard deviation	.461	.468	.468	.490	,482	.485	.477	.489	.472	.483

Continued

Table **4.9.L.10** -- Continued Medicaid beginning population still eligible in each period: SHARE OF POPULATION USING CONTROLLED DRUGS, by mental health treatment status and Medicaid eligibility group.

Mental health					Calendar	period				
treatment status	83/2	84/1	84/2	85/1	85/2	86/1	86/2	87/1	87/2	88/1
			<u>GE</u>	ENERAL AS	SISTANCE					
E Total	.353	.384	.411	.465	.420	.473	.433	• 494	,427	.463
E NOMET	.263	,303	,313	.377	.321	.375	.317	.393	.324	.381
E OMHT	.453	.465	.522	,565	.549	.606	.610	,631	,556	.564
B TPMHT	,524	.552	,517	,596	.481	.500	,551	,644	.516	,548
B Both	,598	.613	.636	,662	.639	.638	,600	.618	,583	.573
C Total	.327	.375	.379	.431	.429	.467	.433	,466	,399	.425
C NOMET	.257	.287	.315	.350	.352	.397	.326	,396	.323	,358
C OMET	.450	,532	,491	.570	.563	.588	,626	.594	,538	.535
Standard deviation	.475	.486	,490	.498	.494	.499	.496	.500	.493	.498
				OTHE	<u>R</u>					
B Total	,171	,236	.232	.298	,249	.250	,248	.307	,256	,307
E NOMHT	,160	,221	,213	.276	,232	.227	,219	.297	.232	,291
E OMHT	.257	.330	.354	.448	.336	.396	.400	,381	,354	.357
e temet	.417	,458	,409	.476	,300	,350	,500	.154	.667	.667
E Both	.615	.538	.667	.667	.818	.545	.600	,500	.500	.625
C Total	.179	.202	,213	,282	.257	.273	.249	.298	.288	.319
C Nomet	,169	.182	.203	.269	.231	.262	.227	.269	.273	.312
C onet	.267	.349	,281	,364	.424	.346	.370	.444	.354	.356
Standard deviation	.379	,418	,418	.455	.434	.437	.432	.460	.443	.463

Table **4.10.A.1**PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by randomization group and mental health treatment status.

Domulation			fore and aft of first MIT		Twelve nonths before and after the period of first net					
Population group	N	Visits pre-MHT	Visits post-m	Change	N	Visits pre-MHT	Visits post-MHT	Change		
Whole population	54596	2.762	2.636	-0.126	36103	5,631	5.170	-0.460		
E group	36910	2.754	2.622	-0.132	24457	5.652	5.174	-0.478		
C groap	17686	2.778	2.663	-0.115	11646	5.586	5.162	-0.424		
E NOMET	34257	2.608	2.456	-0.151	22999	5.374	4.868	-0.506		
E ONNT	1557	3.882	4.177	0,295	747	7.778	8.367	0.589		
R TPMET	554	4.901	4.740	-0.161	369	10.593	9.927	-0.667		
B Both	542	6.601	6.493	-0,109	342	14.371	13,687	-0.684		
C NOMIT	16822	2.734	2.580	-0.154	11236	5.522	5.040	-0.482		
c OMET	864	3.638	4.287	0.649	410	7.356	8.517	1.161		
Standard deviation	54596	4.008	3.919	3.555	36103	7.331	7.078	5.902		

Table 4.10.A.1 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population			before and of first ME		Twenty-four nonths before and after the period of first MHT					
group	N	Visits pre-MAT	Visits post-MHT	Change	N	Visits pre-MIT	Visits post-MHT	Change		
Whole population	23159	8.280	7.459	-0.821	13902	10,941	9.653	-1.289		
E group	15,719	8.204	7.365	-0.839	9370	10.816	9.534	-1.282		
C group	7440	8.440	7,658	-0,783	4532	11.200	9.898	-1.302		
E NOMET	14955	7.873	7.012	-0.861	9087	10.476	9.217	-1.259		
E OMHT	345	11.441	12.171	0.730	124	19.000	17.444	-1,556		
E TPMET	233	16.335	14.837	-1.498	78	22.615	17.769	-4.846		
B Both	186	18.634	17.511	-1.124	81	25.062	25.074	0.0121		
C NOMET	7241	a.347	7.492	-0.856	4444	11,099	9.718	-1.380		
c OMET	199	11.829	13.698	1.869	88	16.341	18.989	2.648		
Standard deviation	23159	10.360	9.983	8.089	13902	13.602	13.007	10.508		

Table 4.10.A.2

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Manhall Ivl			efore and aft d of first KE		Twelve norths before and after the period of. first MT					
Hental health treatment status	N	Visits pre-MHT	Visits post -MIT	Change	N	Visits pre-HET	Visits post-MIT	Change		
	WRITHER	CHRONIC N	ROICH DIAGNOS	SIS NOR SUBST	ANCE ABUSE					
E NOMHT	23082	2.061	1.923	-0.138	14577	4.216	3.747	-0.469		
E OMET	779	2.380	2.490	0.110	379	4.625	4.894	0.269		
E TFMHT	220	2.577	2.668	0.091	136	5.963	5.640	-0.324		
B Both	157	3.357	3.427	0.070	91	7.626	7.176	-0.451		
C NOMET	11004	2.149	2.010	-0.139	6837	4.219	3.835	-0.385		
c OMET	403	2.521	2.789	0.268	199	5.296	5.688	0,392		
Standard deviation	35645	3.022	2.811	2.933	22219	5.319	4.807	4.679		
		<u>C</u>	ERONIC MEDICA	L DIAGNOSIS						
B NOMET	10937	3.756	3.568	-0.188	8269	7.412	6.834	-0.578		
E OMIT	639	5,814	6.419	0.606	320	11.663	12.759	1.097		
e trmet	321	6.614	6.209	-0.405	227	13.485	12.586	-0.899		
E Both	308	8.679	8.315	-0.364	209	17.904	16.770	-1.134		
C Nomet	5687	3.853	3.666	-0.187	4307	7.575	6.923	-0.653		
C OMET	360	4.794	6.022	1.228	169	8.899	11.343	2.444		
Standard deviation	18252	5.160	5.196	4.475	13501	9.328	9.268	7.414		
			SUBSTANCI	E ABUSE						
E Nomet	238	2.819	3.088	0.269	153	5.562	5.412	-0.150		
E OMET	139	3.417	3.324	-0.094	48	6.771	6.500	-0.271		
e temet	13	1.923	3.538	1.615	6	6.167	6.500	0.333		
B Both	77	4.909	5.455	0.545	42	11.405	12.452	1.048		
C NOMET	131	3.313	3,282	-0.031	92	6.163	6.457	0.293		
C OMHT	101	3.970	4.079	0.109	42	10.905	10,548	-0.357		
Standard deviation	699	5.586	5.387	5.026	383	8.564	9.257	8.724		

Table 4.10.A.2 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Manaal baalab			before end of first MI		Twenty-foar norths before and after the period of. first MIT					
Mental health treatment status	X	Visits pre-MHT	Visi post-MHT	t s Change	N	Visits pre-HHT	Visits post-MHT	Change		
	NEITHE	R CHRONIC !	EDICAL DIAGN	OSIS NOR SUBS	TANCE ABUSE					
B Nomet	8940	6.127	5.369	-0.758	5098	a.050	6.843	-1.207		
E OMET	175	6.594	6.417	-0,177	56	10.554	a.696	-1.857		
e tymet	a3	7.952	7.518	-0.434	29	12.414	a.862	-3.552		
B Both	54	8.796	a.519	-0.278	23	12.304	11.000	-1.384		
C NOMET	4091	6.381	5,640	-0.741	2373	a.473	7.387	-1,086		
C OMBT	99	8,424	8.949	0.525	41	11.463	12.829	1,366		
Standard deviation	13442	7.358	6.554	6.207	7620	9.606	8.391	7.839		
		<u>C</u> 1	HRONIC MEDICA	L DIAGNOSIS						
E Nomet	5911	10.514	9.481	-1.033	3931	13.632	12.277	-1.354		
e omht	159	17.151	18.491	1.340	65	26.600	25,215	-1.385		
R TYMET	146	21.288	19,164	-2.123	46	29.326	23.565	-5.761		
B Both	112	23.893	21.625	-2.268	47	31.596	30.426	-1.170		
C NOMET	3092	10.929	9.929	-0.999	2034	14.134	12.415	-1.719		
C OMHT	a2	14.366	18.256	3.890	39	18,641	25.615	6.974		
Standard deviation	9502	12.971	12.877	10.100	6162	16.697	16.518	12.972		
			SUBSTANC	E ABUSE						
e nomet	104	7.827	7.942	0.115	58	9.845	10.431	0.586		
E OMHT	11	6.000	12.364	6.364	3	12.000	12.333	0.333		
e trhit	4	9.500	8.750	-0.750	3	18.333	15.000	-3.333		
8 Both	20	15.750	la.750	3.000	11	23.818	31.636	7.818		
C NOMET	58	9.414	8.138	-1.276	37	12.622	10.946	-1.676		
C OMET	la	19.000	19.056	0.056	a	30,125	18.250	-11.875		
Standard deviation	215	11.172	12.649	11.379	120	15.628	13.817	15.801		

Table 4.10.A.3

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

M + 1.1 - 14			fore and aft of first ME		Twelve norths before and after the period of first MHT					
Mental health treatment status	N	Visits pre-MHT	Visits post-MHT	Change	N	Visits pre-MIT	Visits post -MIT	Change		
			LESS THAN	18 YRARS						
E NOMET	20244	2.711	2.447	-0.264	13204	5.653	4.866	-0.786		
E OMHT	544	2.726	2.974	0.248	288	5.785		0.569		
E TFMHT	115	3.591	3.278	-0.313	84	7.964		-0.512		
8 Both	25	3.320	2.760	-0,560	19	8.579	6.474	-2.105		
C NOMET	9705	2.807	2.527	-0.281	6198	5.724	4.917	-0.808		
C OMET	274	2.927	3.245	0.318	139	6.295	6.446	0.151		
Standard deviation	30907	3.508	3,204	3,281	19932	6.364	5.603	5.393		
			18 THROUGH	59 YEARS						
E NOMET	10371	2.968	3.069	0.101	6867	6.285	6.415	0.131		
E OMET	966	4.631	5.009	0,378	436	9.367	10.057	0.690		
E TPMET	383	5.551	5,627	0.076	251	12,088	11.614	-0.474		
B Both	499	6.810	6.741	-0.068	308	14.844	14.448	-0.396		
C NOMET	5201	3.220	3.323	0,103	3520	6.642	6.853	0.211		
C OMHT	548	4.182	5.053	0.870	245	8.498	10.400	1.902		
Standard deviation	17968	4.853	4.957	4.209	11627	8.889	9.109	7.107		
			60 YEARS AI	ND OLDER						
E NOMET	3642	1.005	0.764	-0.242	2928	1.981	1.243	-0.738		
E OMET	47	1.851	1.000	-0.851	23	2.609	1.522	-1.087		
E TFMET	56	3.143	1.679	-1.464	34	6.059	3.588	-2.471		
B Both	18	5.389	4.778	-0.611	15	12.000	7.200	-4.800		
C NOMET	1916	1.043	0,832	-0.211	1518	2.096	1.337	-0.759		
c OMHT	42	1.167	1,095	-0.071	26	2.269	1.846	-0.423		
Standard deviation	5721	2.995	2.888	2.543	4544	5.520	4.839	4.290		

Table 4.10.A.3 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first $\tt MHT$: entire Medicaid population, by age group at $\tt MHT$ and mental health treatment status.

Mental health			before and of first M		Twenty-four months before and after the period of first MHT					
treatment status	N	Visits pre-HHT	Visits post-MHT	Change	N	visits pre-MIT	Visits post-MHT	Change		
			LESS TRAN	18 YRARS						
R NOMET	8184	8.322	7.071	-1.251	4650	11.292	9.518	-1.774		
R OMET	123	8.829	9.154	0.325	41	14.463	13.146	-1.317		
R TPMHT	57	11.772	10.088	-1.684	13	16.231	10.923	-5.308		
8 Both	13	15.769	10.769	-5.000	9	24.556	17.444	-7.111		
C NOMET	3782	8.774	7.314	-1.460	2181	11.823	9.660	-2.164		
C ONET	67	8.821	10.104	1.284	33	12.848	14.667	1.818		
Standard deviation	12226	8.894	7.706	7.372	6927	11.643	10.134	9.587		
			18 THROUGH	59 YEARS						
E Nomet	4524	9.565	9.761	0.196	2814	13,060	13.349	0.289		
E OMET	209	13.455	14.679	1.225	77	22.169	21.065	-1.104		
E TFHET	163	18.153	17.479	-0.675	60	23.533	20.300	-3.233		
B Both	163	19.104	18.485	-0,620	68	26.353	27.529	1.176		
c Nomet	2296	10.265	10.724	0.459	1416	14,022	14.525	0.504		
C OMET	119	14.807	17.193	2.387	48	21.104	24.646	3.542		
Standard deviation	7474	12.505	12,980	9.722	4483	16.271	16.796	12.540		
			60 YRARS AT	ND OLDER						
E NOMET	2247	2,828	1,259	-1,569	1623	3.656	1.188	-2.468		
E OMBT	13	3.769	0.385	-3.385	6	9.333	0.333	-9.000		
e tenet	13	13.538	2.538	-11.000	5	28.200	5.200	-23.000		
8 Both	10	14.700	10.400	-4.300	4	4.250	0.500	-3.750		
C NOMET	1163	3.173	1.687	-1.486	847	4.345	1.832	-2.512		
C OMET	13	0.077	0.231	0.154	7	0.143	0,571	0.429		
Standard deviation	3459	7,991	5.871	6.141	2492	10.634	6.667	8.394		

Table 4.10.A.4

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Mantal haalth			fore and aft d of first MI		Twelve months before and after the period of. first HHT					
Mental health treatment status	N	Visits pre-MHT	Visits post-MHT	Change	N	Visits pre-MHT	Visits post-HHT	Change		
			<u>Pena</u>	LE .						
E Nomet	20369	2,632	2.531	-0.094	13926	5.402	5.032	-0.370		
E OMHT	941	4.307	4.152	0.445	457	8.740	9.792	1.053		
e tymet	410	5,054	4.129	-0.324	278	10.903	10.367	-0.536		
B Both	356	7.163	6.997	-0.166	241	16.548	15.515	-1.033		
C NOMET	10164	2,762	2.651	-0.111	6917	5.534	5.156	-0.378		
C OMET	553	3.803	4.490	0,687	276	7.210	9.112	1.90		
Standard deviation	32793	4.046	4.034	3.604	22095	7.494	7.425	6.08		
			MAL	<u> </u>						
E Nomet	13888	2.512	2.337	-0.235	9073	5.331	4.616	-0.713		
E OMHT	616	3.232	3.299	0.067	290	6.262	6,121	-0.14		
e tynet	144	4.465	4.771	0.306	91	9.648	8.582	-1.06		
B Both	186	5.521	5.527	0.000	101	9.178	9.321	0.14		
C NOMET	6658	2.690	2.471	-0.219	4319	5.501	4.053	-0.64		
C ONET	311	3.344	3.926	0.582	134	7.657	7.291	-0.36		
Standard deviation	21803	3.949	3.733	3.477	14008	7.064	6.477	5.58		

Table 4.10.A.4 -- Continued

PHYSICIAN OFFICE VISITS in the periods **before** and after the six-month period of first **MHT:** entire Medicaid population, by gender and mental health treatment status.

			oefore and of first m		Twenty-four months before and after the period of. first MET					
Mental health treatment status	H	Visits pre-MHT	Visits post-Met	Change	N	Visits pre-MIT 1	Visits post-MBT	Change		
			PEMA	<u>le</u>						
E NOMET	9183	7.925	7.281	-0.643	5686	10.595	9.498	-1.097		
E OMHT	220	13.273	14.695	1.423	81	22.272	20.988	-1.284		
E TPHET	177	16.983	15.689	-1.294	57	23.667	18.439	-5.228		
B Both	134	20.701	19.627	-1.075	55	26.545	25.655	-0.891		
C NOMET	4483	8.339	7.690	-0.649	2820	11.188	9.918	-1.270		
C OMET	139	11,820	14.252	2.432	63	15.540	18.714	3.175		
Standard deviation	14336	10.718	10.563	8.385	8762	14.140	13.624	10.957		
			MAL	<u> </u>						
Nomet	5772	7.790	6.583	-1.207	3401	10.276	8.746	-1.530		
E OMET	125	8,216	7.728	-0.488	43	12.837	10.767	-2.070		
E TPHET	56	14.286	12,143	-2.143	21	19.762	15,952	-3.810		
B Both	52	13.308	12.058	-1.250	26	21.923	23.846	1.923		
C NOMET	2758	8.360	7.169	-1.192	1624	10.943	9.371	-1.572		
C OMET	60	11.850	12.417	0.567	25	18.360	19.680	1.320		
Standard deviation	8823	9.748	8.932	7.571	5140	12.630	11.864	9.692		

Table 4.10.A.5

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Montal hash th		x nonths befo			Twelve months before and after the period of, first MET					
Mental heal tb treatment status	X	Visits pre-MIT	Visits post-MAT	Change	H	Visits pre-MHT	Visits post-Net	Change		
		AID TO	FAMILIES WIT	H DEPENDENT CHIL	DREN					
E Nomet	24463	2.703	2.555	-0.148	16317	5.651	5,173	-0.47		
e omet	922	4,030	4.280	0.249	500	7.734	8,440	0.70		
e temet	349	4.318	4.284	-0.034	242	9.351	9.264	-0.08		
Both	170	6.918	6.241	-0.676	123	15.049	13.659	-1.39		
C Nomet	11983	2.820	2.687	-0.133	7920	5.776	5.380	-0.39		
C OMBT	486	3,881	4.465	0.584	250	7.788	8.828	1.04		
Standard deviation	38373	3.741	3,611	3.474	25352	6.791	6.481	5.82		
		AG	ED <u>, blind, ani</u>	DISABLED						
B Nomet	4197'	1.529	1.369	-0.160	3490	3,099	2.562	-0.53		
e onht	263	2,612	2.654	0.042	136	5.309	5.243	-0.06		
E TPMET	97	4.784	4.021	-0.763	69	11,551	8.507	-3.04		
B oth	160	6.019	6.369	0.350	104	12.202	12.587	0.38		
C Nomet	2188	1.776	1.477	-0.299	1789	3.607	2.813	-0.79		
COMET	165	3.309	3.570	0.261	98	5.776	7.490	1,71		
Standard deviation	7070	4.095	4.204	3.314	5686	7.467	7.693	5.59		
			GENERAL ASSI	STANCE						
B Nomet	2134	4.189	3.925	-0.263	1391	8,810	8.006	-0.80		
e onet	226	5.646	6.363	0.717	70	14.243	15.143	0.90		
B TFMHT	73	8.178	7.521	-0.658	42	17.024	16.119	-0.90		
K Both	196	6.980	6.724	-0.255	105	15.914	15.210	-0.70		
c Nomet	1026	4.487	4.481	-0.006	664	9.572	9.154	-0.41		
C OMET	129	4.256	5.310	1.054	41	10.317	11.220	0.90		
Standard deviation	3784	5.823	5.641	4.803	2313	10.703	10.097	7.80		
			OTH	<u>er</u>						
e nomet	3463	2.264	2,168	-0.096	1801	4.612	4,146	-0.46		
e ohet	146	2.500	2.890	0.390	41	5.463	6.268	0.8		
e temet	35	4.200	5.486	1.286	16	8.375	9.813	1.4		
B Both	16	4.438	7.563	3.125	10	12,400	9.500	-2.9		
C Nomet .	1625	2.284	2.074	-0.210	863	4.043	3.365	-0.6		
C OMET :	84	1.929	3.095	1.167	21	3.810	4.333	0.5		
Standard deviation	5369	3.699	3.657	3.393	2752	6.710	6.182	5.3		

Table 4.10.A.5 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MET: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health		teen norths	before and d of first	after			s before and d of.first	
treatment status	И	Visit6 pre-HRT	visits post-HHT	Change	H	Visits pre-HIT	visits post -MT	Change
		AID TO	FAMILIES WIT	H DEPENDENT CHIL	LDREN_			
K NOMET	10356	8.383	7.657	-0.726	6112	11.487	10.428	-1.059
E OMHT	221	12,333	13,570	1.217	81	20.025	19.753	-0.272
e tener	161	13.969	13,702	-0.267	37	21.088	16.895	-4.193
B Both	77	21.558	19.987	-1.571	36	27.056	25.750	-1.306
C NOMET	4962	8,914	8,236	-0.678	2911	12.116	11.126	-0.990
C OMET	122	12.107	14.262	2.156	55	16,345	17.400	1.055
Standard deviation	15899	9.581	9.238	8.060	9252	12.508	11.968	10.409
		<u>A</u> (GED, BLIND,	AND DISABLED				
E NOMET	2740	4.500	3.308	-1.193	2058	5.732	3.853	-1.879
E ONET	83	6.964	6.229	-0.735	33	12.545	9.788	-2.758
E TPMET	41	19.049	12.268	-6.780	14	28.500	16.286	-12.214
B Both	62	12.726	13.258	0.532	27	16,148	19.556	3.407
C NOMET	1400	5.378	3.844	-1.534	1058	6.905	4.408	-2.497
C OMET	50	10.700	11.940	1.240	25	15.720	21.640	5.920
Standard deviation	4376	10.507	10.143	7.653	3215	13.277	12.521	10.104
			GENERAL ASSI	STANCE				
B Nomet	878	13.621	12.178	-1.443	492	20.004	18.382	-1.622
E OMET	26	20.885	21.346	0.462	8	34.875	24.875	-10.000
e temet	21	30.048	28.619	-1.429	4	21.500	32.000	10.500
E Both	41	22.195	20.683	-1.512	16	34.313	33.813	-0.500
C NOME?	432	14.269	13.773	-0.495	261	20.038	18.797	-1.241
OMET	19	14.737	18.000	3.263	6	24.167	27.333	3.167
Standard deviation	1417	14.465	13.610	10.405	787	19.937	18.066	13.696
			OTH	<u>er</u>				
B Nomet	981	6.760	5.927	-0.834	425	7.868	7.158	-0.711
E OMET	15	6.400	8.533	2.133	2	20.500	20.500	0.000
E TPHET	10	14.500	14.700	0,200	3	25.667	22.333	-3.333
B Both	6	17.833	8.000	-9.833	2	35.500	17.500	-18.000
C Nomet .	447	5.633	4.584	-1,049	214	7.089	5,752	-1,336
C OMET	8	7.750	5.875	-1,875	2	0.500	4.500	4.000
Standard deviation	1467	9.832	9.068	6,987	648	12.058	11.802	9.200

Table 4.10.A.6

PHYSICIAN OFFICE VISITS in the periods before and after the six-month Period of first MET: entire Medicaid population, by high user status and mental health treatment status.

M ()]] [1]			fore and aft of first III		3661 14.429 13.222 4 360 12.856 14.058 184 16.348 15.772 4 293 16.334 15.505 4 1962 14.101 13.111			
Mental health treatment status	N	Visits pre-MHT	Visits post-NET	Change	R			Change
			HIGH US	SER_				
E Nomet	4683	7.438	6.994	-0.444	3661	14.429	13. 222	'-1.20 7
E OMET	757	6.378	6.946	0.568	360	12.856	14. 058	1.203
B TPMAT	249	8.245	8.080	-0.165	184	16.348	15. 772	-0.576
B Both	448	7.679	7.538	-0.141	293	16.334	15. 505	-0.829
c Nomet	2525	7.473	7.082	-0.391	1962	14.101	13. 111	-0.990
C OMET	450	5.518	6.498	0,980	213	11.136	13, 108	1.972
Standard deviation	9112	6.415	6.431	6.428	6673	11.047	11. 081	10.988
			ROT II	GH USBR				
E Nomet	29574	1.843	1.738	-0.105	19338	3.660	3. 286	-0.374
e omet	800	1.520	1.558	0.038	387	3.054	3.072	0.018
e temet	305	2.170	2.013	-0.157	185	4.870	4. 114	-0.757
B Both	94	1.468	1.511	0.043	49	2.633	2.816	0.184
C NOMET	14297	1.897	1.785	-0.112	9274	3.707	3. 332	-0.374
C OMET	414	1.594	1.884	0.290	197	3.269	3. 553	0.284
Standard deviation	45484	2.468	2.339	2.624	29430	4.179	3.843	3.913

Table 4.10.A.6 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

			before and a of first MI				7.267 24.772 - 1,746 29.254 - 4.949 26.897 - 1.222 30.714 - 6.820 24.012 - 5.286 29.388 9.327 19.579 1 6.681 5.701 - 5.836 5.246 -		
Mental health treatment status	X	Visits pre-MIT	Visits post-NHT	Change	¥	visits pre-MT		Change	
			HIGH &	ISER					
e nomet	2555	20.569	18.734	-1.835	1675	27.267	24.772	-2.495	
e omet	168	18.887	20.625	1.738	63	31,746	29.254	-2.492	
E TFNHT	112	26.563	23.946	-2.616	39	34.949	26.897	-8.051	
8 Both	152	22.132	20.474	-1,658	63	31.222	30.714	-0.508	
c Nomet	1423	20.615	18,957	-1.658	940	26.820	24.012	-2.809	
c OMET	106	18.425	21.255	2.830	49	25.286	29.388	4.102	
Standard deviation	4516	15.075	15.258	15.222	2829	19.327	19.579	19.975	
			ROT HIC	<u>GH User</u>					
e homet	12400	5.257	4.597	-0.660	7412	6.681	5.701	-0.980	
e omet	177	4.373	4.147	-0.226	61	5.836	5.246	-0.590	
e temet	121	6.868	6.405	-0.463	39	10.282	8.641	-1.641	
B Both	34	3.000	4.265	1.265	18	3.500	5.333	1.833	
C NOMET	5818	5,347	4.687	-0.660	3504	6.881	5.884	-0.997	
c omet	93	4.312	5.086	0.774	39	5.103	5.923	0.821	
Standard deviation	18643	5.664	5.146	5.001	11073	7.088	6.349	6.020	

Table 4.10.A.7

S in the periods before and after the six-month period of

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

M . 11 . 11			fore and aft l of first E		Twelve months before and after the period of first MHT Visits Visits N pre-NHT post-NHT Char				
Mental health treatment status	N	Visits pre-MHT	Visits post -hit	Change	n			Change	
			MENTALLY DI	SABLED					
R ROMET	0				0				
e omet	140	3.029	4.329	1.300	42	6.357	10.286	3.929	
e trmet	0				0				
E Both	166	6.717	6.657	-0.060	93	16.022	15,161	-0.860	
c Nomit	0				0				
c OMET	04	3.250	4.690	1.440	25	7.640	10.560	2.920	
Standard deviation	391	7.150	6.855	5.269	160	14.720	14.322	8.881	
			NOT MENTALL	Y DISABLED					
R NOMET	34257	2.608	2.456	-0.151	22999	5.374	4.868	-0.506	
e omet	1417	3.966	4.162	0.196	705	7.862	8.252	0.390	
R TPMET	554	4,901	4.740	-0.161	369	10,593	9.927	-0.667	
B Both	376	6,551	6.420	-0.130	249	13.755	13.137	-0.618	
C NOMET	16821	2.734	2.580	-0.154	11236	5,522	5,040	-0.482	
C OMBT	780	3.679	4.244	0.564	305	7.338	8.384	1,047	
Standard deviation	54205	3.974	3.803	3.538	35943	7.269	7.009	5.805	

Table 4.10.A.7 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

1 1/1			efore and a				hs before an of. first m	
Mental health treatment status	n	Visits pre-MHT	Visits post-MIT	Change	N	Visits pre-MHT	Visits post-Het	Change
			MENTALLY DIS	SABLED				
E NOMET	0				0			
E OMHT	10	15.600	17.500	1.900	2	29.000	19.000	-10.000
E TFMET	0				0			
B Both	38	25.368	22,342	-3.026	12	26.583	32.500	5.917
C NOMET	0				0			
C ONET	13	17.154	24.231	7.077	6	33,833	41,167	7.333
Standard deviation	61	24,246	22.992	11.997	20	22.129	20.840	19.989
			HOT MENTALLY	DISABLED				
B NOMET	14.955	1,873	7.012	-0.861	9087	10.476	9.217	-1.259
E OMET	335	11,316	12.012	0.696	122	18.836	17.418	-1.418
E TPHIT	233	16.335	14.837	-1.498	78	22.615	17.769	-4.846
B Both	148	16.905	16.270	-0.635	69	24.797	23.783	-1.014
C NOMET	7241	8.347	7.492	-0.856	4444	11,099	9,718	-1.380
C OMHT	186	11.457	12.962	1.505	82	15.061	17.366	2.305
Standard deviation	23098	10,275	9.899	8.077	13882	13.570	12.961	10.487

Table 4.10.A.8

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MET, by mental disability status and mental health treatment status.

			ore and aft of first MI		0 37 7.135 11.541 0 92 16.098 15.109 0 24 7.958 11.000			
Mental health treatment status	N	Visits pre-MHT	Visits post-Net	Change	N			Change
			MENTALLY DIS	SABLED				
E NOMET	0				0			
E OMHT	132	3.159	4.455	1.295	37	7.135	11.541	4.405
e temet	0				0			
R Both	164	6.707	6.573	-0,134	92	16.098	15.109	-0.989
C NOMET	0				0			
C OMET	81	3.370	4.852	1.481	24	7.958	11.000	3.042
Standard deviation	378	7,217	6.886	5.297	153	14.872	14.422	9.045
			NOT MENTALLY	DISABLED				
E NOMET	10371	2.968	3.069	0.101	6867	6.285	6.415	0.131
E OMET	834	4.865	5.097	0.233	399	9.574	9.920	0.346
B TFMHT	383	5.551	5.627	0.076	251	12.088	11.614	-0.474
E Both	335	6.860	6.824	-0.036	216	14.310	14.167	-0.144
C NOMET	5200	3.220	3.323	0.103	3520	6.642	6.853	0.211
C OMET	467	4.323	5.088	0,764	221	8.557	10.335	1.778
Standard deviation	17590	4.786	4.898	4,182	11474	8.758	8.987	7.077

Table 4.10.A.8 -- Continued

PHYSICIAN OFFICE VISITS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

1	Eight t	een worths b	efore and of first MI	after	Twenty	y-four cont the period	ns before and of first xm	d after
Mental health treatment status	H	Visits pre-MIT po	Visits st-BET	Change	If	Visits pre-MHT	Visits post-NHT	Change
			MENTALLY I	ISABLED				
E NOMET	0				0			
E OMET	9	17,333	19.444	2.111	2	29.000	19.000	-10.000
E TPMET	0				0			
E Both	38	25.368	22.342	-3.026	12	26.583	32.500	5.917
C NOMET	0				0			
C OMET	12	18.583	26.250	7.667	6	33.833	41.167	7.333
Standard deviation	59	24.307	23.015	12.202	20	22.129	20.840	19.989
		<u>1</u>	OT MENTAL	LY DISABLED				
E NOMET	4524	9.565	9.761	0.196	2814	13,060	13.349	0.289
E OMAT	200	13.280	14.465	1.185	75	21.987	21.120	-0.867
E TENET	163	18.153	17.479	-0.675	60	23.533	20.300	-3.233
B Both	125	17.200	17.312	0.112	56	26,304	26.464	0.161
C NOMET	2296	10.265	10,724	0.459	1416	14,022	14.525	0.504
C OMET	107	14.383	16.178	1.794	42	19.286	22.286	3.000
Standard deviation	7415	12.319	12.826	9.701	4463	16.212	16.728	12.497

Table 4.10.B.1

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population		norths before the period			Twelve nonths before of first			
group	Ħ	Days pre-MHT p	Days ost -MHT	Change		Days pre-MHTpos	Days t-MHT	Change
Whole population	5 4 5	9 6 0.342	0.295	-0.046	36103	0.612	0.544	-0.068
E group	36910	0.349	0.283	-0.066	24457	0.623	0.5	3 80.085
C group	17686	0.326	0.322	-0,005	11646	0.590	0,5	5 80.032
E NOMET	34257	0.296	0.244	-0.051	22999	0.533	0.455	-0,078
E OMET	1557	0.805	0.613	-0.193	747	1.110	1.473	0.363
E TPMET	554	1.016	0.630	-0.386	369	2.171	1.306	-0.864
B Both	542	1.751	1.426	-0.325	342	3.901	3.222	-0.678
C NOMET	16822	0.292	0.290	-0.002	11236	0.548	0.534	-0.01
C OMET	864	0.995	0.933	-0.063	410	1.763	1.224	-0.53
Standard deviation	54596	2.664	2.515	3.303	36103	4.203	4.028	4.759

Table 4.10.B.1 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population		teen waths b the period			Twenty-	after		
group	¥	Days pre-MHT	Days post-MHT	Change	¥	Days pre-MHT	Days post-MHT	Change
Whole population	23159	0.850	0.820	-0.030	13902	1,094	1.052	-0.043
E group	15719	0.842	0.802'	-0.041	9370	1.061	1.015	-0.046
C group	7440	0,867	0.858	-0,009	4532	1.164	1.128	-0.036
E NOMET	14955	0.750	0.716	-0.035	9087	0.953	0.929	-0.024
K OMHT	345	1.299	1,638	0.339	124	1.710	2.073	0.363
B TFMET	233	3.043	2.197	-0.845	78	6.154	3.936	-2.218
B Both	186	4.634	4.419	-0.215	81	7.247	6.185	-1.062
C NOMET	7241	0.824	0,833	0.009	4444	1.108	4,094	-0,014
COMBT	199	2.427	1.749	-0.678	88	3,977	2.830	-1.148
Standard deviation	23159	5.806	5.713	5,870	13902	7.260	7.097	6.767

Table 4.10.B.2

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

March Ladd			fore and aft				pefore and a	
Mental health treatment status	n	Daps pre-MHT	Days post-NHT	Change	Ħ	Days pre-MHT	Days post -MHT	Change
	WRITHER	CHRONIC I	MEDICAL DI	AGNOSIS NORSUB	STANCE ABUSE			
e nomet	23082	0.203	0,144	-0.059	14577	0.338	0.255	-0.083
e omet	779	0.440	0.309	-0.131	379	0.599	0.773	0.174
R TPMHT	220	0,600	0.205	-0,395	136	1.022	0.397	-0.625
R Both	157	1.287	0,408	-0.879	91	1,681	0.516	-1.165
C NOMET	11004	0.195	0,125	-0.070	6837	0.359	0.276	-0.082
C OMET	403	0.541	8.434	-0.107	199	1.457	0.764	-0.693
Standard deviation	35645	2,251	1.733	2.465	22219	3.648	3.381	3.534
		<u>C1</u>	HRONIC MEDICA	L DIAGNOSIS				
e nomet	10937	0.479	0.442	-0.037	8269	0.867	0.794	-0.073
e omet	639	1.144	0.972	-0.172	320	1.553	1.831	0.278
e typet	321	1.324	0.935	-0.389	227	2.916	1.868	-1.048
B Both	308	1.847	1.815	-0.032	209	4.368	4.038	-0.330
C NOMET	5687	0.471	0.595	0.124	4307	0.838	0.919	0.082
COMET	360	1.353	1,444	0.092	169	1,799	1.598	-0.201
Standard deviation	18252	3.233	3.500	4.409	13501	4.886	4.730	6.113
			SUBSTAN	ICE ABUSE				
E NOMET	238	0.908	0,878	-0.029	153	1.052	1.176	0.124
E OMHT	139	1.295	0.662	-0.633	48	2.188	4.604	2.417
B TPMHT	13	0.462	0.308	-0.154	6	0.000	0.667	0.667
8 Both	77	2.312	1.948	-0.364	42	6,381	5.024	-1.357
C NOMET	131	0.656	0.931	0.275	92	1,011	1.641	0.630
C OMET	101	1.535	1.099	-0.436	42	3.071	1.905	-1,167
Standard deviation	699	4.517	4.196	5.879	383	6.475	8.110	9.686

Table 4.10.B.2 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health			before and of first MI			y-four months the period o		
treatment status	X	Days pre-MIT	Days post-NHT	Change	N	Days pre-MHT po	Days st-NRT	Change
	MEITHE	CHRONIC I	EDICAL DIAGN	OSIS NOR SUBS	TANCE ABUSE			
B Nomet	8940	0.481	0.394	-0.087	5098	0.577	0.503	-0.07
e onet	175	0.480	0.823	0.343	56	0.464	1.071	0.60
B TFMET	83	1.337	0.578	-0.759	29	0.586	1.034	0.44
Both	54	3.270	2.352	-0.926	23	2.130	2.304	0.17
c Nomet	4091	0.522	0.459	-0.064	2373	0.784	0.700	-0.08
C OMET	99	2.232	1.212	-1.020	41	3.634	1.146	-2.48
Standard deviation	13442	5.638	5.319	4.296	7620	7.239	7.058	4.72
		<u>CI</u>	HRONIC MEDICA	L DIAGNOSIS				
e nomet	5911	1.154	1.171	0.017	3931	1.432	1.434	0.00
e omet	159	2.195	2.528	0.333	65	2.705	2.985	0.20
e tymet	146	4.096	3,178	-0.918	46	10,065	6.022	-4.04
B Both	112	4,777	4.482	-0.295	47	7.362	4.872	-2.40
C Nohet	3092	1.221	1.296	0.074	2034	1,460	1.505	0.04
ONET	a2	2.780	2.244	-0.537	39	4.872	4.205	-0.66
Standard deviation	9502	6.019	5,994	7.410	6162	7.129	6.773	8.31
			SUBSTANC	E ABUSE				
B Nomet	104	0.923	2,462	1.538	58	1.517	4.224	2.70
B OMET	11	1,364	1.727	0.364	3	1.667	1.000	-0.66
e tymet	4	0.000	0.000	0.000	3	0.000	0.000	0.00
B Both	20	7.500	9.650	2.150	11	17.455	19.909	2.45
C Nomet	58	0.897	2.603	1,707	37	2.541	3.811	1.21
e onet	18	1.889	2.444	0.556	8	1.375	4.750	3.37
Standard deviation	215	5.186	11.579	11.361	120	11.907	16.523	18.30

Table 4.10.B.3

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health			efore and aft d of first m				efore and a of first M	
treatment status	X	Days pre-MHT	Days post -Het	Change	N	Days pre-MHT	Days post-MHT	Change
			LESS THAN 18	YEARS				
K Nomet	20244	0.147	0.095	-0.051	13204	0.252	0.165	-0,087
R OMHT	544	0.230	0.162	-0,068	288	0.339	0.729	0.410
e temet	115	0.670		-0.304	a4	0.917	0,702	-0.214
B Both	25	0.200	0.200	0.000	19	0.211	0.263	0.053
C NOMET	9705	0.138	0.104	-0.033	6198	0.258	0.207	-0.051
C OMET	274	0.099	0.296	0.197	139	0.245	0.223	-0.022
Standard deviation	30907	1.991	1.519	2.005	19932	3.745	3.241	3.341
			18 TEROUGE 5	9 YEARS				
e nomet	10371	0.568	0.455	-0.113	6867	1.025	0.857	-0.168
e omet	966	1.152	0.893	-0.259	436	1.638	2.041	0.404
e trhat	383	1.209	0.749	-0.460	251	2.749	1.482	-1,267
B Both	499	1.876	1.505	-0.371	308	4.279	3.370	-0.909
c Nomet	5201	0.559	0.517	-0.042	3520	1.051	0.997	-0.054
c omat	540	1.350	1.173	-0.177	245	2.592	1.763	-0.829
Standard deviation	17968	3.490	3.259	4,461	11627	5.021	4.937	6.343
			60 YEARS A	ID OLDER				
R Nomet	3642	0.349	0.473	0.124	2928	0.649	0.820	0.172
e omet	47	0.340	0.064	-0.277	23	1.000	0.000	-1.000
e trmet	56	0.411	0.357	-0.054	34	1.000	1.500	0.500
B Both	18	0.444	0.944	0.500	15	0.800	3.933	3.133
C Nomet	1916	0.347	0.614	0.268	1518	0.563	0.796	0.234
C OMET	42	2.214	1.952	-0.262	26	2.077	1.500	-0.577
Standard deviation	5721	2,712	3.754	4.452	4544	3.588	4.385	5.289

Table 4.10.B.3 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

	Eigh	teen nonths b the period	efore and of first	after	Twent	y-four wat l the period	of first KE	d after
Mental health treatment status	X	Days pre-HBT	Days post-NHT	Change	N	Days pre-MHT	Days post-MHT	Change
			LESS THAN	I 18 YEARS				
E NOMET	8184	0.302	0.190	-0.112	4650	0.343	0.235	-0.108
E ONET	123	0.341	0.870	0.528	41	0.585	0.585	0.000
E TFMET	57	0.175	0.088	-0.088	13	0.000	0.000	0.000
B Both	13	0.308	0.385	0.077	9	0.444	0.000	-0.444
C NOMET	3782	0.344	0.349	0.005	2181	0.515	0.502	-0,014
C ONET	67	0,493	0.597	0,104	33	2.394	1.000	-1.394
Standard deviation	12226	5.609	4.886	3.264	6927	7.136	6.376	2.694
			18 THROUGH	59 YEARS				
E Nomet	4524	1.485	1.418	-0.067	2814	1.857	1.770	-0.087
OMET	209	1.866	2.191	0.325	77	2.234	2.818	0.584
e temet	163	4.209	2.877	-1.331	60	7.450	4.400	-3.050
B Both	163	5.166	4,479	-0.687	68	a.574	7.368	-1.206
C Nome:	2296	1.540	1.360	-0.180	1416	2.001	1.604	-0.397
c OMHT	119	3.235	2.496	-0.739	48	4.208	4.271	0.063
Standard deviation	7474	6.330	6.591	a.005	4483	8.318	7.904	9.722
			60 YEARS	S AND OLDER				
E NOMET	2247	0.904	1.218	0.313	1623	1.132	1.460	0.328
E OMHT	13	1.231	0.000	-1,231	6	2.667	2.667	0.000
E TPMET	13	1.000	2,923	1,923	5	6.600	8.600	2.000
R Both	10	1,600	a.700	7.100	4	0.000	0.000	0.000
C NOMET	1163	0.971	1.369	0.398	847	1,143	1.769	0.626
c OMET	13	5.000	0.846	-4.154	7	9.857	1.571	-a.286
Standard deviation	3459	5.039	6.148	7.379	2492	4,992	7.253	8.065

Table 4.10.B.4

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Dontal health			fore and aft of first MI				before and a	
Dental health treataent status	Ħ	Days pre-MHT	Days post-MHT	Change	N	Days pre-MHT	Days post-PT	Change
			PEMA	<u>le</u>				
E NOMHT	20369	0.314	0, 276	- 0. 037	13926	0, 614	0. 526	- 0. 08
E OMET	941	0.802	0.637	- 0. 166	457	1. 158	1.460	0. 30
E TFMHT	410	1. 134	0.737	- 0. 398	278	2.489	1. 385	- 1. 10
B Both	356	1.812	1.037	- 0. 775	241	4, 075	2. 635	- 1. 44
c Nomet	10164	0.322	0. 302	- 0. 020	6917	0. 568	0. 535	- 0. 03
C OMET	553	0.937	1.078	0. 141	276	1. 207	1. 424	0. 21
Standard deviation	32193	2.582	2, 392	3. 288	22095	4. 138	3. 559	5. 01
			MAL	<u>e</u>				
E Nomet	13888	0.269	0. 197	- 0. 072	9073	0.409	0, 345	- 0. 06
OMET	616	0.810	0.576	- 0. 234	290	1.034	1, 493	0. 45
e temet	144	0, 681	0. 326	- 0. 354	91	1. 198	1.066	- 0. 13
B Both	186	1.634	2. 172	0, 538	101	3. 485	4. 624	1. 13
C Nomet	6658	0. 246	0. 272	0, 026	4319	0. 516	0. 532	0.01
C OMET	311	1.100	0.675	- 0. 424	134	2. 910	0, 813	- 2. 0
tandard deviation	21803	2.784	2. 689	3. 324	14008	4. 303	4. 673	4. 32

*

Table 4.10.B.4 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

M (11 1/1			before and of first				before and of first MI	
Mental health treatment status	N	Days pre-MHT	Days post-NHT	Change	H	Days pre-MHT	Days post-MHT	Change
			PENA	<u>le</u>				
e nomet	9183	0.858	0.794	-0.064	5686	1.063	0.997	-0.066
e omet	220	1.427	1,877	0.450	81	2.420	2.864	0.444
e trmet	177	3.695	2,232	-1.463	57	7,895	4.298	-3.596
B Both	134	4.239	3.530	-0.709	55	4.727	3.073	-1.655
C NOMET	4483	0.760	0.814	0.053	2820	1,020	1.018	-0.001
C OMET	139	1.791	2.029	0.237	63	3.444	3.397	-0.04
Standard deviation	14336	4.953	4.369	5.881	8762	5.137	5.213	6.36
			MAL	<u> </u>				
R Nomet	5772	0.578	0.590	0,012	3401	0.769	0.817	0.04
R OMHT	125	1,072	1.216	0.144	43	0.372	0,581	0.20
r tymet	56	0.982	2.089	1.107	21	1.429	2.952	1.52
B Both	52	5.654	6.712	1.058	26	12.577	12.769	0.19
c Nomet	2758	0.927	0.865	-0.062	1624	1.262	1.226	-0.03
C OMET	60	3.900	1.100	-2.800	25	5.320	1.400	-3.92
Standard deviation	8823	6.972	7.392	5.853	5140	9.878	9,482	7.40

Table 4.10.B.5

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Montal haalth		r norths befor the period o					oefore and a of, first M	
Mental health treatment status	H	Days pre-MHT po	Days ost - MHT	Change	¥	Days pre-MHT	Days post-MHT	Change
		AID TO	ANILIES WI	TH DEPENDENT CHIL	DREN .			
E NOMET	24463	0.218	0.170	-0.048	16317	0.400	0,315	-0.08
e omet	922	0,422	0.341	-0.081	500	0,680	1.022	0.34
e traet	349	1.066	0.564	-0.501	242	1.934	0.872	-1.06
B Both	170	0.776	0,671	-0.106	123	1.707	1.122	-0.58
C NOMET	11983	0.208	0.166	-0.042	7920	0.384	0.312	-0.07
C OMET	486	0.494	0.605	0.111	250	0.656	0.700	0.04
Standard deviation	38373	1.675	1,572	2.165	25352	2,333	2,234	2.95
		<u>AGE</u>	D, BLIND, A	ND DISABLED				
Nomet	4197	0.541	0.627	0.086	3490	1.059	1.146	0.08
e omet	263	1.118	1.118	0.000	136	1.801	2.574	0.7
e temat	97	1.082	0,887	-0.196	69	3.594	3,116	-0.4
B oth	160	2.513	1.906	-0.606	104	5.507	3.231	-2.3
C Nomet	2188	0.621	0.952	0.332	1789	1.164	1.502	0.3
c omet	165	2.079	0.994	-1.085	98	4.000	2.133	-1.80
Standard deviation	7070	4.615	5.092	5.869	5686	8.054	8.080	8.59
			GENERAL ASS	<u>ISTANCE</u>				
R Nomet	2134	0.573	0.418	-0.155	1391	0.671	0.583	-0.08
B OMHT	226	1.810	1.310	-0.500	70	3.214	2.929	-0.28
e temet .	73	0,863	0.644	-0.219	42	1.429	1.333	-0.09
R Both	196	2.082	1.643	-0.439	105	4.981	5.248	0.2
C NOMET	1026	0.676	0.489	-0.187	664	1.032	0.777	-0.2
C OMET	129	1.628	2.581	0.953	41	3.195	2.829	-0.30
Standard deviation'	3784	4.187	3.552	5.128	2313	4.518	5.151	6.2
			OTH	<u>er</u>				
R Nomet	3463	0.376	0.199	-0.176	1801	0.611	0.287	-0.3
B ONET	146	1.110	0.342	-0.767	41	0.463	0.829	0.3
E TPMET	35	0.657	0.543	-0.114	16	1,563	0.000	-1.5
Both Both	16	0.438	2.000	1,563	10	2.000	7.700	5.7
Nomet	1625	0.225	0.189	-0.036	863	0.402	0.375	-0.0
C OMET :	8 4	0.798	0.179	-0.619	21	1.714	0.095	-1.6
Standard deviation	5369	3.369	1.773	3.672	2752	5.393	2.789	5.6

Table 4.10.B.5 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Dontal health			before and of first M				of. first	
Rental health treatment status	n	Days pre-MHT	Days post-MHT	Change	X	Days pre-NHT	Days post-KHT	Change
		AID TO	AMILIES VIT	DEPENDENT CHIL	DREN			
I Nomet	10356	0.561	0.484	-0.077	6112	0.712	0.571	-0.14
R OMET	221	1.000	1.276	0.276	81	1.481	1.346	-0.13
TPMET	161	2.789	1.000	-1,789	57	5,053	1.737	-3.31
Both	77	2.234	1.740	-0.494	36	2.056	2.528	0.47
HOMET	4962	0.533	0.476	-0.057	2911	0.664	0.589	-0.07
COMET	122	0.861	1.279	0.418	55	2.218	2.273	0.05
Standard deviation	15899	3.024	2.799	3.699	9252	3.404	2.885	3.98
		AC	GED, BLIND, MI	D DISABLED				
Romet	2740	1.415	1.646	0.232	2058	1.613	1.990	0.37
omet .	83	1.578	2.169	0.590	33	1.758	3.545	1.78
TFHET	41	4.878	6.756	1,878	14	12.429	14.143	1.7
Both	62	3.597	6,065	2.468	27	3.000	6.630	3.6
C Nonet	1400	1.780	2.151	0.371	1058	2.139	2.508	0.36
COMET	50	6.200	1.420	-4,780	25	8.080	2.600	-5.48
Standard deviation	4376	10.966	11.266	10.069	3215	12.339	13.326	10.5
			GENERAL AS	SISTANCE				
Nomet .	878	0.894	0.934	0.040	492	1.098	1.297	0.19
OMET	26	3,462	3.846	0.385	8	3.500	3.875	0.37
TPMHT	21	1,667	2.333	0.667	4	1.000	1.250	0.23
Both	41	11.317	7.585	-3.732	16	27.000	14.438	-12.56
C Nomet	432	0,921	0.884	-0.037	261	1.598	1.341	-0.25
OMET	19	3.316	6.105	2.789	6	4.333	9.833	5.50
Standard deviation	1417	5.564	5.985	7.196	787	9.031	6.305	8.9
			<u>oth</u>					
I Nomet	981	0.766	0.368	-0.398	425	1.049	0.518	-0.53
THMO	15	0.400	0.200	-0.200	2	3.000	0.000	-3.00
TPHET	10	2.500	2.500	0.000	3	4.667	1.667	-3.00
Both	6	0.500	0.167	-0.333	2	0.000	0.000	0.0
Nomet _	447	0.964	0.624	-0.340	214	1.458	0.678	-0.78
COMET	8	0.625	0.625	0.000	2	0.000	0.000	0.00
Standard deviation	1467	6.458	3.495	6.556	648	10.284	4.657	10.4

Table 4.10.B.6

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mantal hoolsh			Twelve norths before and after the period of first MIT					
Mental health treatment status	N	Days pre-MHT p	Days ost -mit	Change	N	Days pre-HHT	Days post-MHT	Change
			HIGH US	SER				
E NOMET	4683	1.100	1.040	-0.060	3661	1.933	1,669	-0.264
e ohet	757	1.417	1.133	-0.284	360	2.022	2.522	0.500
e tymet	249	1.582	1.112	-0,470	184	3.582	2.342	-1.23
Both	448	2.004	1.643	-0.362	293	4.498	3.676	-0.82
C Nomet	2525	1.152	1,214	0.062	1962	1.863	2.055	0.19
c omet	450	1.787	1.262	-0.524	213	3.061	2.094	-0.96
Standard deviation	9112	5.437	5.168	6.585	6673	9.023	8.408	9.89
			NOT II	GH USER				
e nomet	29574	0.168	0.118	-0.050	19338	0.268	0.225	-0.04
e omet	800	0.226	0.120	-0.106	387	0.261	0,496	0.23
e temet	305	0.554	0.236	-0.318	185	0,768	0.276	-0.49
B Both	94	0.543	0.394	-0.149	49	0.327	0.510	0.18
C Nomet	14297	0.140	0.127	-0.013	9274	0.269	0,212	-0.05
c omet	414	0.135	0.575	0.440	197	0.360	0.284	-0.07
Standard deviation	45484	1.552	1.439	2.099	29430	1,610	1.825	2.30

Table 4.10.B.6 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mental health			of first MI		Twent	y-four 101 the period	ths before and d of first MET	d after
treatment status	N	Daps pre-MHT p	Days Dost -MHT	Change	N	Days pre-MHT	Days post -Met	Change
			HIGH US	SER_				
E NOMET	2555	2.617	2.479	-0.138	1675	3.004	2.968	-0.036
R OMHT	168	2.381	2.905	0.524	63	3.000	3.714	0.71
e temet	112	5.688	4.152	-1.536	39	11.564	1.436	-4.12
B Both	152	5.329	4.974	-0.355	63	8.873	7.095	-1.778
c nomet	1423	2.797	2.916	0.119	940	3.580	3.495	-0,08
c onet	1 0 6	4.104	3.066	-1,038	49	6.816	4.571	-2.24
Standard deviation	4516	12,420	11,816	11.943	2829	15.234	14.316	13.18
			NOT HI	GH User				
e nomet	12400	0.366	0.352	-0.013	7412	0.489	0.469	-0.02
e onet	177	0.271	0.435	0.164	61	0.377	0.377	0.00
e temet	121	0.595	0.388	-0.207	39	0.744	0.436	-0.30
B Both	34	1.529	1.941	0.412	18	1.556	3.000	1.44
C NOMET	5818	0.341	0.324	-0.017	3504	0.445	0.450	0.00
C OMET	93	0.516	0,247	-0.269	39	0.410	0.641	0,23
Standard deviation	18643	1.813	2.362	2.874	11073	2.243	3.033	3.61

Table 4.10.B.7

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

World Lid		c nonths before the period of			0 42 1.810 1.048 -0.7 0 93 4.404 3.548 -0.9			
Mental health treatment status	a	Days pre-MET 1	Days oost-MIT	Change	N			Change
			MENTALLY DIS	SABLED				
E NOMET	0				0			
e onet	140	1.471	1.300	-0.171	42	1.810	1.048	-0.762
e temet	0				0			
E Both	166	2.102	2.006	-0.096	93	4.404	3.548	-0.935
C NOMET	0				0			
C OMET	84	1.667	2.798	1.131	25	1,840	3.880	2.040
Standard deviation	391	4.877	6,070	7.040	160	7.055	9.115	10.429
		<u>N</u>	OT MENTALLY	DISABLED				
r nomet	34257	0,296	0.244	-0.051	22999	0.533	0.455	-0.078
e omet	1417	0.740	0.545	-0.195	705	1.068	1.498	0.430
B TPHET	554	1.016	0.630	-0.386	369	2.171	1.306	-0.864
E Both	376	1.596	1,170	-0.426	249	3.683	3.100	-0.582
C Nomes	16821	0.291	0,290	-0.001	11236	0.540	0.534	-0.014
C OMET	780	0.923	0.732	-0.191	305	1.758	1.052	-0.706
Standard deviation	54205	2.639	2.467	3.260	35943	4.182	3.988	4.719

Table 4.10.B.7 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

Mantal haalth			efore and of first MI			four months the period of		
Mental health treatment status	H	Days pre-MHT	Days post-MHT	Change	N	Days pre-MHT po	Days st -MIT	Cbange
			MENTALLY	DISABLED				
E Nomet	0			<u> </u>	0			
e omet	10	0.900	3.800	2.900	2	1.500	0.500	-1.000
e tymet	0				0			
B Both	38	9.132	7.868	-1.263	12	21.667	20.000	-1.667
C NOMET	0				0			
c omet	13	2.846	6,385	3.538	6	4.833	13.833	9.000
Standard deviation	61	17.229	16.138	21.603	20	41.260	27.590	43,270
			NOT MENTALL	Y DISABLED				
E NOMET	14955	0.750	0.716	-0.035	9087	0.953	0.929	-0.024
E OMET	335	1.310	1.573	0.263	122	1.713	2.098	0.385
E TPMET	233	3.043	2.197	-0.845	78	6.154	3.936	-2,218
E Both	148	3.480	3.534	0.054	69	4.739	3.783	-0.957
C Nomet	7241	0,824	0.833	0.009	4444	1.108	1.094	-0.014
C OMET	186	2.398	1.425	-0.973	82	3.915	2.024	-1.890
Standard deviation	23098	5.739	5.652	5.774	13882	7.085	7.005	6.580

Table 4.10.B.8

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

Mankal L 1/1			Fore and aft of first MI			elve worths be the period o		
Mental health treatment status	H	Days pre-MHT	Days post-Met	Change	X	Days pre-MHT po	Days os t-Net	Change
			MENTALLY DIS	SABLED .				
E NOMET	0				0			
E OMET	132	1.553	1.379	-0.174	37	2.054	1.189	-0.865
B TFMET	0				0			
B Both	164	2.079	2,030	-0.049	92	4.489	3.587	-0.902
c Nomet	0				0			
C OMBT	81	1,728	2.716	0.988	24	1.917	4.042	2.125
Standard deviation	378	4.940	6.127	7.107	153	7.183	9.300	10.662
			ROT MENTALLY	DISABLED				
Nomet .	10371	0.568	0,455	-0.113	6867	1.025	0.857	-0.168
E OMET	834	1.089	0.817	-0.272	399	1.599	2.120	0.521
E TIMET	383	1.209	0,749	-0.460	251	2.749	1.482	-1.267
B Both	335	1,776	3.248	-0.528	216	4.190	3.278	-0.912
C NOMET	5200	0.557	0.518	-0.040	3520	1.051	0.997	-0.054
C OMET	467	1.285	0.906	-0.379	221	2.665	1.516	-1,149
Standard deviation	17590	3.456	3.163	4.386	11474	4.980	4.847	6.266

Table 4.10.8.8 -- Continued

HOSPITAL DAYS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

			efore and of first ME				before and d of first	
Mental health treatment status	X	Days pre-MHT	Days post -het	Change	N	Days pre-MHT	Days post -Mat	Change
			MENTALLY 1	DISABLED				
e nomet	0				0			
e omet	9	1.000	4.222	3.222	2	1.500	0.500	-1,000
e trmet	0				0			
B Both	38	9.132	7.868	-1.263	12	21.667	20.000	-1.667
C NOMET	0				0			
C OMET	12	3,083	6.917	3.833	6	4.833	13.833	9.000
Standard deviation	59	17,482	16.362	21.972	20	41.260	27.590	43.270
			NOT MENTALLY	<u>DISABLED</u>				
e nomet	4524	1.485	1.418	-0.067	2814	1.857	1.770	-0.087
R OMET	200	1.905	2.100	0.195	75	2.253	2.880	0.627
e trmet	163	4.209	2.077	-1.331	60	7.450	4.400	-3.050
B Both	125	3.960	3.440	-0.512	56	5.768	4.661	-1.107
C NOMET	2296	1.540	1.360	-0.180	1416	2.001	1,604	-0.397
c OMHT	107	3.252	2,000	-1.252	42	4.119	2.905	-1.214
Standard deviation	7415	6.148	6.438	7.798	4463	7.045	7.655	9.325

Table 4.10.C.1

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

De malation		nonths before period (36103 0.097 0.077 24457 0.099 0.078 11646 0.094 0.075			
Population group	N	Share pre-MST	Share post-MHT	Change	X			Change
Vhole population	54596	0.056	0,045	-0.011	36103	0.097	0.077	-0.020
I groop	36910	0.057	0.045	-0.011	24457	0.099	0.078	-0.021
C gronp	17686	0.055	0.046	-0.009	11646	0.094	0.075	-0.019
R NOMET	34257	0.051	0.041	-0.010	22999	0.092	0.072	-0.019
E ONHT	1557	0.106	0.087	-0,019	747	0.159	0.158	-0,001
E TPHET	554	0.137	0.083	-0.054	369	0.249	0.154	-0,095
B Both	542	0.181	0,138	-0.042	342	0.304	0.240	-0.064
c Nomet	16822	0.052	0.042	-0.010	11236	0.090	0.072	-0.019
C OMET	864	0.113	0.116	0.002	410	0.185	0.161	-0.024
Standard deviation	54596	0.230	0.208	0.289	36103	0.296	0.267	0.358

Table 4.10.C.1 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

December's		teeo sonths the period			Twenty-four norths before and after the period of first MHT				
Population group	A	Share pre-MET	Share post-MET	Change	¥	Share pre-MHT	Share post-MET	Change	
Whole popalation	23159	0.126	0.103	-0.023	13902	0.152	0.125	-0.028	
g group	15719	0.126	0.104	-0.022	9370	0.151	0.124	-0.027	
C group	7440	0.126	0.100	-0.026	4532	0,155	0.126	-0.028	
E NOMET	14955	0.120	0,098	-0.022	9087	0.147	0.119	-0.028	
e omet	345	0.162	0.197	0.035	124	0.218	0.258	0.040	
B TFMET	233	0.270	0.197	-0.073	78	0.308	0.256	-0.051	
B Both	186	0.366	0.312	-0.054	81	0.395	0.333	-0.062	
C NOMET	7241	0.123	0.098	-0.026	4444	0.152	0.123	-0,028	
C OMET	199	0.226	0.201	-0,025	88	0.318	0.284	-0.03	
Standard deviation	23159	0.332	0.304	0.395	13902	0.359	0.330	0.42	

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Table 4.10.C.2

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health			fore and aft of first KE				oefore and a		_	
treatment status	ĸ	Share pre-MHT	Share post-NHT	Change	X	Share pre-HHT	Share post-MIT	Change	-	
	MEITHE	R CHRONIC MEDIC	L DIAGNOS	IS NOR SUBST	TANCE ABUSE					
E NOMET	23082	0.042	0.030	-0.011	14577	0.075	0.053	-0.022		
e omet	779	0.063	0.041	-0.022	379	0.095	0.100	0.005		
e trhet	220	0.095	0.050	-0.045	136	0.191	0.118	-0.074		
B Both	157	0.127	0.064	-0.064	91	0,176	0.110	-0.066		
C NOMET	11004	0.039	0.027	-0.012	6837	0,068	0.047	- 0 .	0	2
C ONET	403	0.077	0.074	-0.002	199	0.166	0.116	-0,050		
Standard deviation	35645	0.202	0.172	0.251	22219	0.264	0.224	0.316		
		CI	BRONIC MEDICA	L DIAGNOSIS						
E NOMET	10937	0.071	0.063	-0.007	8269	0.119	0.104	-0.015		
e omet	639	0.142	0.136	-0.006	320	0.213	0.203	-0.009		
B TFMET	321	0.165	0.106	-0.059	227	0.291	0.176	-0.115		
8 Both	308	0.198	0,169	-0,029	209	0.335	0.268	-0.067		
C NOMET	5687	0.074	0.069	-0,006	4307	0.123	0.108	-0.015		
C OMET	360	0.136	0.156	0.019	169	0.195	0.201	0.006		
Standard deviation	18252	0.270	0.258	0.344	13501	0.336	0.317	0.413		
			SUBSTANC	E ABVSB						
B Nomet	238	0.118	0.126	0.008	153	0.183	0.190	0.007		
E OMET	139	0.180	0,115	-0,065	48	0.313	0,313	0.000		
e temet	13	0.154	0.077	-0.077	6	0.000	0.167	0.167		
B Both	77	0.221	0.169	-0.052	42	0.429	0.381	-0.048		
C NOMET	331	0.137	0.122	-0.015	92	0.196	0.196	0.000		
C OMET	101	0.178	0.139	-0.040	42	0.238	0.214	-0.024		
Standard deviation	699	0.362	0.335	0.469	383	0,423	0.421	0.534		

Table 4.10.C.2 -- Continued

SHARE OF POPULATION USING HOSPITAL **CARE** in the Periods **before** and **after** the six-month period of first **MHT**: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health		iteen norths l the period				four aonths be the period,		
treatment status	¥	Share pre-MHT	Share post-MET	Change	N	Share pre-MHT po	Share os t-MHT	Change
	NEITHER (CHRONIC MEDICA	L DIAGNOS	SIS NOR SUBSTANCE	ABUSE			
E NOMET		4 00.100		-0.028	5098	0.119	0.087	-0.032
8 OMET	175	0.091	0.109	0.017	56	0.143	0.125	-0.018
8 TEMET	83	0.193	0.108	-0.084	29	0.138	0.103	-0.034
8 Both	54	0.278	0.185	-0.093	23	0.304	0.174	-0.130
c nomer	4091	0.092	0,066	-0.026	2373	0.115	0.089	-0,026
c omet	99	0,212	0,141	-0.071	41	0.268	0.171	-0.098
Standard deviation	13442	0.300	0.259	0.353	7620	0.324	0.284	0.380
		CHRONI	CHEDICAL DIA	GNOSIS				
8 NOMET	5911	0.147	0,133	-0,014	3931	0.179	0,158	-0.021
8 OMHT	159	0.239	0.289	0,050	65	0.277	0.369	0.092
8 TPMET	146	0.322	0.253	-0.068	46	0.435	0.370	-0.065
8 Both	112	0.402	0,348	-0,054	47	0.404	0.362	-0.043
c Nomet	3092	0.162	0.136	-0.026	2034	0.191	0.158	-0.033
OMET	82	0.232	0.268	0.037	39	0.385	0.385	0.000
Standard deviation	9502	0.367	0.350	0.443	6162	0.392	0.371	0.471
			SUBSTANCE A	BUSE				
8 Nomet	104	0.231	0.269	0.038	58	0.379	0.293	-0.086
E ONHT	11	0.182	0.273	0.091	3	0.333	0.333	0.000
8 TFMHT	4	0.000	0.000	0.000	3	0.000	0.000	0.000
8 Both	20	0.400	0.450	0.050	11	0.545	0.545	0.000
c Nomet	58	0.259	0.241	-0.017	37	0.324	0.378	0.054
c OMET	18	0.278	0.222	-0.056	8	0.250	0.375	0.125
Standard deviation	215	0.435	0.445	0.563	120	0.482	0.476	0.550

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Table 4.10.C.3

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health			fore and aft of first MI				before and a of. first MI	
treatment status	X	Share pre-MHT	Share post-MHT	Change	X	Share pre-MBT	Share post-MHT	Change
			LESS THAN	18 YEARS				
E Nomet	20244	0.029	0.022	-0.007	13204	0.050	0.036	-0.014
E OMHT	544	0.046	0.037	-0.009	288	0.080	0.104	0,024
e tenet	115	0.078	0.026	-0.052	84	0.095	0.024	-0.071
R Both	25	0.040	0.040	0.000	19	0.053	0.053	0.000
C Nomet	9705	0.029	0.022	-0.007	6198	0.048	0.034	-0.014
c omet	274	0.033	0.051	0.018	139	0,058	0.079	0,022
Standard deviation	30907	0.169	0.148	0,213	19932	0,218	0.188	0.269
			18 THROUGH	59 YEARS				
e nomet	10371	0.100	0.078	-0.022	6867	0.181	0.141	-0.040
e omet	966	0.144	0.118	-0,026	436	0.216	0.202	-0.014
e temet	383	0.167	0,107	-0.060	251	0.319	0.203	-0.116
B Both	499	0.192	0.144	-0.048	308	0.328	0.253	-0.075
C Nomet	5201	0.099	0.082	-0.017	3520	0.178	0.143	-0.035
C ONE!	548	0.153	0,153	0.000	245	0.261	0.212	-0.049
Standard deviation	17968	0.310	0.280	0.394	11627	0.392	0.357	0.484
			60 YEARS AN	ND OLDER				
E Nomet	3642	0.039	0.046	0.006	2928	0.067	0.072	0.005
B OMET	47	0.021	0.021	0.000	23	0.087	0.000	-0.087
B TFMHT	56	0.054	0.036	-0.018	34	0.118	0.118	0.000
B Both	18	0.056	0.111	0.056	15	0.133	0.200	0.067
C Nomet	1916	0.039	0.038	-0.002	1518	0.061	0.063	0.002
C OMET	42	0.119	0.048	-0.071	26	0.154	0.115	-0.038
Standard deviation	5721	0.196	0.202	0.255	4544	0.249	0.255	0.317

Table 4.10.C.3 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the Periods before and after the sixmonth Period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health		the period		fter	Twenty-four months before and after the period of first MHT				
treatment status	И	Share pre-MHT po	Share st-MIT Cl	nange	N	Share pre-MHT p	Share ost -MT	Change	
			LESS THAN 1	8 WARS					
E NOMHT	8184	0.061	0.043	-0.018	4650	0.072	0.054	-0.018	
e onet	123	0.073	0.130	0.057	41	0.122	0.220	0.098	
e trmet	57	0.070	0.018	-0.053	13	0.000	0.000	0.000	
B Both	13	0,077	0.077	0.000	9	0.111	0.000	-0.111	
C NOMET	3782	0,060	0.045	-0.014	2181	0.077	0.057	-0.019	
C OMET	67	0.075	0.149	0.075	33	0.212	0.182	-0.030	
Standard deviation	12226	0,239	0.208	0.300	6927	0.263	0.231	0.331	
			18 THROUGH	59 YEARS					
R Nomet	4524	0.241	0.198	-0,043	2814	0.289	0.229	-0.060	
e omet	209	0.220	0.249	0.029	77	0.273	0.273	0.000	
e trmet	163	0.356	0.258	-0.098	60	0.367	0.283	-0.083	
E Roth	163	0.399	0.337	-0.061	68	0.456	0.397	-0.059	
C NOMET	2296	0.248	0.190	-0.058	1416	0.290	0.234	-0.050	
C OMET	119	0.328	0.244	-0.084	48	0,417	0.375	-0.042	
Standard deviation	7474	0.433	0.402	0.526	4483	0.456	0,425	0.548	
			60 TEARS AND	OLDER					
E Nomet	2247	0.089	0.094	0.005	1623	0.113	0.113	0.00	
E OMHT	13	0.077	0.000	-0.077	6	0.167	0.333	0.167	
e tenet	13	0.077	0.231	0.154	5	0.400	0.600	0.200	
B Both	10	0.200	0.200	0.000	4	0.000	0.000	0.000	
C NOMET	1163	0.085	0.085	0.000	847	0.113	0.107	-0.00	
C OMHT	13	0.077	0.077	0.000	7	0.143	0.143	0.000	
Standard deviation	3459	0.284	0.289	0.353	2492	0.317	0.316	0.394	

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Montal health			ore and aft of first III		Twelve months before and after the period of. first MHT				
Mental health treatment status	n	Share pre-MHT	Share post-MHT	Change	N	Share pre-MHT	Share post-MIT	Change	
			<u>Pena</u>	<u>le</u>					
e nomet	20369	0.062	0.050	-0.011	13926	0.112	0.089	-0.02	
R OMHT	941	0.124	0.102	-0.022	457	0.195	0.204	0.00	
e temet	410	0.154	0.095	-0.059	278	0.277	0.180	-0.09	
B Both	356	0.197	0.138	-0.059	241	0.332	0.241	-0.09	
C NOMET	10164	0.064	0.050	-0.014	6917	0.110	0.087	-0.02	
C OMIT	553	0.123	0.137	0.014	276	0,192	0.174	-0.01	
Standard deviation	32793	0,251	0,227	0.318	22095	0.323	0.293	0.39	
			MAL	<u>E</u>					
E Nomet	13888	0.037	0.028	-0.008	9073	0.061	0.046	-0.01	
R OMHT	616	0.078	0.063	-0.015	290	0.103	0.086	-0.01	
R TFRET	144	0.090	0.049	-0.042	91	0.165	0.077	-0.08	
R Both	186	0.151	0.140	-0.011	101	0.238	0.238	0.00	
C Nomet	6658	0.033	0.030	-0.003	4319	0.058	0.048	-0.01	
СОМЕТ	311	0.096	0.077	-0.019	134	0.172	0.134	-0.03	
Standard deviation	21803	0.193	0.175	0.240	14008	0.244	0.217	0.30	

Table 4.10.C.4 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

M.,,,,1 h.,141			before and of first m		Twenty-four months before and after the period of first MRT				
Mental health treatment status	Ħ	Share pre-MHT	Share post-MHT	Change	X	Share pre-HHT	Share post-MAT	Change	
			FENA	LE					
E NOMET	9183	0.146	0.120	-0.025	5686	0.179	0.142	-0.037	
E OMET	220	0.191	0.255	0.064	81	0.296	0.309	0,012	
e temet	177	0.305	0.209	-0.096	57	0.351	0.263	-0.088	
E Both	134	0,403	0.313	-0,090	55	0.400	0.291	-0.109	
C NOMET	4483	0.145	0.117	-0,028	2820	0.174	0.144	-0.030	
c OMET	139	0.237	0.201	-0.036	63	0.317	0.286	-0.032	
Standard deviation	14336	0.358	0.331	0.426	8762	0.386	0.354	0.45	
			MAL	<u> </u>					
R Nomet	5772	0.078	0.062	-0.017	3401	0.093	0.081	-0.012	
e omet	125	0,112	0.096	-0.016	43	0.070	0.163	0.093	
e temet	56	0.161	0.161	0.000	21	0.190	0.238	0.048	
B Both	52	0.269	0.308	0.038	26	0.385	0.423	0.03	
C NOMET	2758	0.088	0.066	-0.022	1624	0.112	0.087	-0.025	
C OMHT	60	0.200	0.200	0.000	25	0.320	0.280	-0.040	
Standard deviation	8823	0.278	0.249	0.339	5140	0.302	0.281	0.37	

Table 4.10.C.5

SHARE OF POPULATION USING HOSPITAL CARE in the periods before **and** after the **six-**month period of first **MHT:** entire Medicaid population, by Medicaid eligibility group **and** mental health treatment status.

Montal haalth			fore and aft of first M				before and a of first	
Mental health treatment status	x	Share pre-MET	Share post-NHT	Change	¥	Share pre-MHT	Share post-NHT	Change
		AID TO	PANILIES WIT	H DEPENDENT CHI	LDREN			
e nomet	24463	0.049	0.038	-0.011	16317	0.093	0.070	-0.023
e omet	922	0.088	0.074	-0.014	500	0.144	0.150	0.00
e tenet	349	0,146	0,077	-0.069	242	0.260	0.145	-0.11
B Both	170	0.118	0.112	-0.006	123	0.228	0.187	-0.04
C NOMET	11983	0.050	0.039	-0.011	7920	0.092	0.068	-0.02
C OMET	486	0.099	0.113	0.014	250	0,160	0.140.	-0,02
Standard deviation	38373	0.222	0,199	0.283	25352	0,295	0.260	0.35
		<u>A(</u>	GED, BLIND, A	ND DISABLED				
R Nomet	4197	0.057	0.059	0.002	3490	0.093	0.092	-0.00
e omet	263	0.099	0.091	-0.008	136	0,132	0.147	0.01
e trhet	97	0.134	0,093	-0.041	69	0.275	0,246	-0.02
R Both	160	0.188	0.169	-0.019	104	0.317	0.250	-0.06
C NOMET	2188	0.051	0.056	0.005	1789	0.087	0.090	0.00
C OMET	165	0.145	0.097	-0.048	98	0.235	0.173	-0.06
Standard deviation	7070	0.243	0.244	0.306	5686	0.301	0.298	0.36
			GENERAL ASSI	STANCE				
E NOMET	2134	0.072	0,056	-0.016	1391	0.110	0.083	-0.02
e omet	226	0.199	0.146	-0.053	70	0.329	0.271	-0.05
B TFHET	73	0.123	0.123	0.000	42	0.119	0.119	0.00
B Both	196	0.240	0.133	-0.107	105	0.371	0.267	-0.10
C NOMET	1026	0.076	0.058	-0.018	664	0.117	0.110	-0.00
C OMET	129	0.163	0.202	0,039	41	0.220	0.317	0.09
Standard deviation	3784	0.291	0.259	0.353	2313	0.339	0.313	0.40
			OTH					
e nomet	3463	0.046	0.033	-0.014	1801	0.064	0.046	-0.01
e omet	146	0.089	0.068	-0.021	41	0.146	0.098	-0.04
E TPHET	35	0.086	0.029	-0.057	16	0,313	0.000	-0.31
B Both	16	0.063	0.188	0.125	10	0.400	0.500	0.10
C NOMET.	1625	0.052	0.033	-0.019	863	0.060	0.044	-0.01
C ONET	84	0.060	0,036	-0.024	21	0.190	0.048	-0.14
Standard deviation	5369	0.218	0.182	0.258	2752	0.251	0,213	0.28

Table 4.10.C.5 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid Population, by Medicaid eligibility group and mental health treatment status.

Wantal has 141-			efore and a of first MI		Twenty	y-fonr wat l the period	s before and of first MET	d after
Mental health treatment status	N	Share pre-MHT	Share post-MHT	Change	¥	Share pre-MHT	Share post-HET	Change
		AID TO FAMI	LIES WITH DEPH	ENDENT CHILD	REN			
R Nomet	10356	0.124	0.096	-0.028	6112	0,143	0.116	-0.03
e omet	221	0.158	0.217	0,059	81	0.198	0.284	0.08
B TPMET	161	0.280	0.161	-0.118	57	0.281	0.193	-0.08
Both	77	0.338	0.273	-0.065	36	0.361	0,250	-0.11
C NOMET	4962	0.128	0.097	-0.031	2911	0,158	0.126	-0.03
C OMET	122	0.205	0.197	-0.008	55	0,291	0.291	0.00
Standard deviation	15899	0.335	0.300	0.400	9252	0.364	0.328	0.43
		AGI	D, BLIND, AN	D DISABLED				
e nonet	2740	0.115	0.117	0.002	2058	0.137	0.127	-0.01
e omet	83	0.133	0.133	0.000	33	0,182	0.182	0.00
e trhet	41	0.268	0,317	0.049	14	0,357	0.500	0.14
B Both	62	0.290	0.290	0.000	27	0.296	0.333	0.03
C novet	1400	0.120	0.105	-0.015	1058	0.141	0.126	-0.01
C OMET	50	0.280	0.160	-0.120	25	0.320	0.200	-0.12
Standard deviation	4376	0.328	0.323	0.396	3215	0,350	0.337	0.4
			GENERAL AS	SSISTANCE				
E NOMET	878	0.134	0.108	-0.026	492	0.165	0.167	0.00
e omet	26	0.346	0.308	-0.038	8	0.500	0.375	-0.12
E TFMET	21	0.143	0.286	0.143	4	0.250	0.250	0.00
B Both	41	0.561	0.439	-0.122	16	0,688	0.563	-0.12
C NOMET	432	0.146	0.130	-0.016	261	0.176	0.149	-0.02
C OMET	19	0.263	0.316	0.053	6	0.667	0.667	0.00
Standard deviation	1417	0.363	0.340	0.420	787	0.390	0.381	0.44
			OTH					
E NOMET	981	0.069	0.052	-0.017	425	0.080	0.066	-0.01
E OMET	15	0.067	0.067	0.000	2	0.500	0.000	-0.50
B TFMHT	10	0.400	0,100	-0.300	3 ·	0.667	0,333	-0.33
Both	6	0.167	0.167	0.000	2	0.000	0.000	0.0
C NOMET :	447	0.065	0.054	-0,011	214	0.084	0.042	-0.0
C OMET	1.465	0.125	0.250	0.125	2	0.000	0.000	0.0
Standard deviation	.1467	0.257	0.227	0.304	648	0.279	0.235	0.3

Table 4.10.C.6

SHARE OF POPULATION USING HOSPITAL CARE in the periods before **and** after the **six**-month Period of first **MHT:** entire Medicaid population, by high user status and mental health treatment status.

Mental health			ore and aft of first m		Twelve nonths before and after the period of first HHT				
treatsent status	N	Share pre-MHT	Share post-MHT	Change	×	Share pre-MHT	Share post-MET	C h a n	
			nigh U	SER_					
E Nomet	4683	0.145	0.136	-0.009	3661	0.232	0.200	-0.033	
e omet	757	0.177	0.147	-0.030	360	0.264	0.261	-0.003	
ETPMET	249	0,181	0.124	-0.056	184	0.315	0.223	-0.092	
B oth	448	0.201	0.154	-0.047	293	0.348	0.259	-0.089	
C NOMET	2525	0.153	0.136	-0.017	1962	0.224	0.209	-0.015	
C OMET	450	0,173	0.173	0.000	213	0.282	0.258	-0,023	
Standard deviation	9112	0.362	0.346	0.467	6673	0.428	0.408	0.541	
			ROT HIGH	<u>USER</u>					
E Nomet	29574	0.037	0.026	-0.010	19338	0.065	0.048	-0.017	
B OMHT	800	0.039	0.030	-0.009	387	0.062	0.062	0.000	
R TFHET	. 305	0.102	0.049	-0.052	185	0.184	0.086	-0.097	
Both	94	0.085	0,064	-0.021	49	0.041	0.122	0.082	
C NOMET	14297	0.034	0.025	-0.009	9274	0.062	0.043	-0.019	
C OMET	414	0.048	0.053	0.005	197	0.081	0.056	-0.025	
Standard deviation	45484	0.187	0.161	0.238	29430	0.246	0.212	0,301	

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Table 4.10.C.6 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

D (1.1.14			before and of first MI				before and l of. first m	
Rental health treatsent status	n	Share pre-MHT	Share post-MHT	Change	X	Share pre-MHT	Share post -Met	Change
			HIGH U	SER				
e nomet	2555	0.291	0.256	-0.035	1675	0.342	0.289	-0.053
e omet	168	0.280	0.315	0.036	63	0.365	0.413	0.048
e temet	112	0.366	0,295	-0.071	39	0.487	0.410	-0.07
B Both	152	0.395	0.342	-0.053	63	0,444	0.381	-0.06
C NOMET	1423	0.301	0.259	-0.043	940	0.349	0.298	-0,05
c omet	106	0.330	0.311	-0.019	49	0.449	0.408	-0.04
Standard deviation	4516	0.458	0.441	0.576	2829	0.477	0.459	0.59
			<u>ROT HIGH</u>	R VSRR				
e nomet	12400	0.084	0.065	-0.019	7412	0.103	0.080	-0.02
e omht	177	0.051	0.085	0.034	61	0,066	0.098	0.03
e trmet	121	0.182	0.107	-0.074	39	0.128	0.103	-0.02
■ Both	34	0.235	0.176	-0.059	18	0.222	0.167	-0.05
C NOMET	5818	0.080	0.058	-0.022	3504	0.099	0.076	-0.02
C OMET	93	0.108	0.075	-0.032	39	0.154	0.128	-0.02
Standard deviation	18643	0.277	0.244	0.337	11073	0.302	0.271	0.36

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Table 4.10.C.7

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

M (11 14			efore and aft of first MI		Twelve nonths before and after the period of first MAT				
Mental health treatment status	n	Share pre-MHT	Share post-NHT	Cbange	¥	Share pre-MET	Share post-MHT	Change	
			MENTALLY DIS	SABLED					
R NOMET	0			<u>.</u>	0				
E OMRT	140	0.150	0.157	0.007	42	0.238	0.214	-0.024	
E TFMET	0				0				
B Both	166	0.241	0.139	-0.102	93	0.398	0.226	-0,172	
c Nomet	0				0				
C OMET	84	0.190	0.238	0.048	25	0.320	0.360	0.040	
Standard deviation	391	0.400	0.373	0.513	160	0,476	0.431	0.552	
			NOT MENTALLY	DISABLED					
Nomet	34257	0,051	0.041	-0.010	22999	0.092	0.072	-0.019	
E OMET	1417	0.102	0.080	-0.022	705	0.155	0.155	0.000	
E TPHET	554	0,137	0.083	-0.054	369	0.249	0.154	-0.095	
B Both	376	0.154	0.138	-0.016	249	0.269	0.245	-0.024	
c Nomet	16821	0.052	0.042	-0.010	11236	0,090	0.072	-0.019	
C OMET	780	0,105	0,103	-0.003	385	0.177	0.148	-0.029	
Standard deviation	54205	0,228	0.206	0.287	35943	0.295	0.266	0.357	

Table 4.10.C.1 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in month periometriof first population, by mental disability status

Martal haslih			efore and a of first MI		Twenty-four months before and after the period of. first MTT					
Mental health treatment status	N	Share pre-MHT	Share post-MHT	Change	, X	Share pre-MHT	Share post-MHT	Change		
			HENTALLY DIS	SABLED						
e nomet	0		·		0					
e omht	10	0.300	0.400	0.100	2	0.500	0.500	0.00		
R TFMHT	0				0					
B Both	30	0.474	0.421	-0.053	12	0,500	0.500	0.00		
C Nomet	0				0					
C OMET	13	0,462	0,462	0.000	6	0.833	0.833	0.00		
Standard deviation	61	0.501	0.499	0.532	20	0,503	0.503	0.45		
			NOT MENTALL	Y DISABLED						
e nomet	14955	0.120	0.098	-0,022	9087	0.147	0.119	-0.028		
e omet	335	0.158	0.191	0.033	122	0.213	0.254	0.04		
e temet	233	0,270	0.197	-0.073	78	0.308	0.256	-0.05		
B Both	148	0.338	0.204	-0,054	69	0.377	0,304	-0.07		
C Nohit	7241	0.123	0.098	-0.026	4444	0.152	0.123	-0.02		
COMET	186	0.210	0.183	-0.027	a2	0.280	0.244	-0.03		
Standard deviation	23098	0.331	0.303	0.395	13002	0.359	0.329	0.42		

Mental health			Fore and aft of first MI		Twelve norths before and after the period of first HHT					
treatment status	N	Share pre-MHT	Share post-NHT	Change	N	Share pre-MHT	Share post-NHT	Change		
			MENTALLY DI	SABLED						
E Nomet	0				0					
e omet	132	0.152	0,167	0.015	37	0.270	0.243	-0.02		
e trhet	0				0					
B Both	164	0,238	0.140	-0.098	92	0.391	0.228	-0.16		
C NOMET	0				0					
C OMET	81	0.198	0.235	0.037	24	0.333	0.375	0.042		
Standard deviation	378	0.401	0.376	0.514	153	0.479	0.437	0.559		
			NOT MENTALLY	<u>DISABLED</u>						
E Nomet	10371	0.100	0.078	-0.022	6867	0.181	0.141	-0.04		
E OMHT	834	0.143	0.110	-0.032	399	0.211	0.198	-0.01		
e temet	383	0.167	0.107	-0.060	251	0.319	0.203	-0.110		
8 Both	335	0.170	0.146	-0.024	216	0.301	0.264	-0.03		
c Nomet	5200	0.099	0.082	-0.017	3520	0.178	0.143	-0.03		
C OMET	467	0.146	0.139	-0.006	221	0.253	0.195	-0.05		
Standard deviation	17590	0.307	0.278	0.391	11474	0.391	0.356	0.48		

Table 4.10.C.8 -- Continued

SHARE OF POPULATION USING HOSPITAL CARE in the periods before and after the sixmonth period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

Mandal haaldh			before and of first M		Twenty-four months before and after the period of. first MT					
Mental health treatment status	N	Share pre-HET	Share post-HET	Change	N	Share pre-MET	Share post -MT	Change		
			MENTALLY DIS	SABLED						
E NOMET	0				0					
e omet	9	0.333	0.444	0.111	2	0.500	0.500	0.000		
E TFMET	0				0					
B Both	38	0.474	0.421	-0.053	12	0.500	0.500	0.000		
C NOMET	0				0					
C OMET	12	0.500	0.500	0.000	6	0.833	0.833	0.000		
Standard deviation	59	0.502	0.501	0,541	20	0.503	0.503	0.459		
			NOT MENTALLY	<u>DISABLED</u>						
E Nomet	4524	0.241	0.198	-0.043	2814	0.289	0,229	-0.060		
e omet	200	0.215	0.240	0.025	75	0.267	0.267	0.000		
B TFMBT	163	0.356	0.258	-0.098	60	0.367	0.283	-0.083		
B Both	125	0.376	0.312	-0.064	56	0.446	0.375	-0.071		
C NONET	2296	0.248	0.190	-0.058	1416	0.290	0.234	-0.056		
C OMBT	107	0.308	0.215	-0.093	42	0.357	0.310	-0.048		
Standard deviation	7415	0.432	0.400	0.526	4463	0.455	0.424	0.548		

Table 4.10.D.1

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population ,			fore and aft of first m		Twelve months before and after the period of first MHT					
grow ,	ĸ	Visits pre-NAT	Visits post-MHT	Change	¥	Visi ts pre-MAT	Visits post-MIT	Change		
Thole population	54596	0.126	0.139	0,013	36103	0.244	0.258	0,014		
I group	36910	0.125	0138	0.013	24457	0.248	0.264	0.016		
C group	17686	0.127	0.141	0.014	11646	0.237	0.247	0.01		
E NOMET	34251	0.111	0.122	0.011	22999	0.222	0.237	0.016		
E OMHT	1557	0.250	0.297	0.047	747	0.446	0.635	0.189		
e trmet	554	0.236	0.285	0.049	369	0.629	0.518	-0.111		
B Both	542	0.509	0.507	-0,002	342	1.173	0.956	-0.21		
C NOMET	16822	0.119	0.130	0.011	11236	0.228	0.236	0.00		
C OMET	864	0.284	0.260	0.076	410	0.471	0,554	0.08		
Standard deviation	54596	0.492	0.535	0.608	36103	0.819	0.845	0.90		

Table 4.10.D.1 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Popalation			before and of first M	Twenty-four months before and after the period of first MHT					
groap	X	Visits pre-MIT	Visits post-MHT	Change	¥	Visits pre-MHT	Visits post-MHT	Change	
Thole popalation	23159	0.349	0.354	0.005	13902	0,434	0.449	0.015	
E groap	15719	0.354	0.356	0.002	9370	0,440	0.452	0.012	
C groap	7440	0.338	0.349	0.012	4532	0.420	0.442	0.021	
E NOMET	14955	0.322	0.324	0.001	9087	0.398	0.412	0.014	
E OMET	345	0.638	0.820	0.183	124	1.242	1.427	0.185	
E TFMET	233	1,034	0.820	-0.215	78	2.769	1.731	-1.038	
B Both	186	1.532	1.489	-0.043	81	1.691	2.296	0.605	
Nomet	7241	0,323	0.338	0.015	4444	0.401	0.428	0.026	
C OMET	199	0,884	0.769	-0.116	88	1.375	1.148	-0.227	
Standard deviation	23159	1.159	1.078	1.115	13902	1.742	1.389	1.386	

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MRT: entire Medicaid population, by diagnosis and mental health treatment status.

Table 4.10.D.2

Montal health			ore and afte of first MT	er	Twelve months before and after the period of first MHT					
Mental health treatment status	X	visits pre-MHT	Visit post-MT	s Change	X	Visits pre-NHT	Visits post-NHT	Change		
	MEITHER	CHRONIC M	EDICAL DIAGNO	SIS NOR SUBS	TANCE ABUSE					
R Nomet	23082	0.090	0.095	0.006	14577	0.177	0.185	0.008		
E OMET	779	0.140	0.164	0.024	379	0.256	0.325	0.069		
e trnet	220	0.095	0.118	0.023	136	0.199	0.257	0,059		
B Both	157	0.338	0.287	-0.051	91	0.725	0.451	-0.275		
C NOMET	11004	0.093	0.101	0.008	6837	0.168	0.180	0.012		
C OMET	403	0.171	0.248	0.077	199	0,317	0.362	0.045		
Standard deviation	35645	0.377	0.384	0.484	22219	0.560	0.566	0.684		
		CEI	RONIC MEDICAL D	IAGNOSIS						
B Nomet	10937	0.153	0.173	0.020	8269	0.294	0.321	0.026		
E OMET	639	0.369	0.444	0.075	320	0.650	0.925	0.275		
e trmet	321	0.340	0.408	0.069	227	0.894	0.678	-0.216		
B Both	308	0.529	0.607	0.078	209	1.254	1.096	-0.158		
C NOMET	5687	0.163	0.181	0.018	4307	0.314	0.313	-0.001		
C OMET	360	0.369	0.439	0.069	169	0.550	0,621	0.071		
Standard deviation	18252	0.639	0.715	0.778	13501	1.096	1.135	1.150		
			SUBSTANCE	ABUSE						
E Nomet	238	0.294	0.433	0.139	153	0.536	0.712	0.176		
E OMHT	139	0.324	0,367	0.043	48	0.583	1.146	0.563		
B TIMIT	13	0,077	0.077	0,000	6	0.333	0.333	0.000		
B Both	77	0.779	0.558	-0.221	42	1.738	1.357	-0.381		
C NOMET	131	0.389	0.344	-0.046	92	0.663	0.772	0.109		
C OMET	101	0.426	0.525	0.099	42	0.881	1.190	0.310		
Standard deviation	699	0.928	1.092	1.066	383	1.394	1.551	1,586		

Table 4.10.D.2 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Manhal basalth			efore and of first MI				before and of first M	
Mental health treatment status	I	Visits pre-NHT	visits post-MT	Change	N	Visits pre-MIT	Visits post-MHT	Change
	NEITHER (CHRONIC MEDIC	AL DIAGNOSIS 1	NOR SUBSTANCE	ABUSE			
S NOMET	8940	0.266	0,255	-0.011	5098	0,332	0.332	0.000
E OMET	175	0.263	0.394	0.131	56	0.464	0.500	0.036
S TEMET	83	0.241	0.373	0.133	29	0.241	0.517	0.276
S Both	54	0,778	0.519	-0.259	23	0.217	0.261	0,043
C NOMET	4091	0.238	0.256	0.018	2373	0.290	0.318	0.028
C OMET	99	0.667	0.576	-0.091	41	0.707	0.707	0.000
Standard deviation	13442	0.711	0.701	0.853	7620	0.788	0.802	0.942
		CHRON	IC MEDICAL DI	AGNOSIS				
S NOMET	5911	0.401	0.417	0,016	3931	0.476	0.504	0.028
S OMET	159	1.050	1.283	0.233	65	1.923	2.262	0.338
B TPHET	146	1.507	1.082	-0,425	46	4.543	2.565	-1.978
8 Both	112	1.750	1.625	-0.125	47	2.149	2.511	0.362
C NOMET	3092	0.425	0.430	0,005	2034	0.517	0.537	0,020
C OMET	82	1.049	0.829	-0.220	39	1.846	1.231	-0.615
Standard deviation	9502	1.572	1,405	1,379	6162	2.438	1.810	1.755
			SUBSTANCE A	<u>BVSE</u>				
E NOMET	104	0.683	0,856	0.173	58	0.948	1.190	0.241
E OMHT	11	0,636	0.909	0.273	3	1.000	0.667	-0.333
B TPHHT	4	0,250	0.500	0.250	3	0.000	0.667	0.667
8 Both	20	2.350	3.350	1.000	11	2.818	5.636	2.818
C NOMET	58	0.828	1,172	0.345	37	1.189	1.486	0.297
C OMET	18	1.333	1,556	0.222	8	2.500	3.000	0.500
Standard deviation	215	1.617	2.330	2.107	120	2.114	3.336	2.787

Table 4.10.D.3

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mantal haalth			fore and aft of first ME		Twelve norths before and after the period of first MIT					
Mental health treatment status	X	Visits pre-MIT	Visits post-MHT	Change	N	Visits pre-MHT	Visits post-MIT	Change		
			LESS	THAN 18 Y	'RARS					
E NOMET	20244	0.108	0.117	0.009	13204	0.219	0.231	0.012		
e ohet	544	0.151	0.180	0.029	288	0.250	0.347	0.097		
e trmet	115	0.130	0.078	-0.052	84	0.274	0.226	-0.048		
B Both	25	0.160	0.080	-0.080	19	0.263	0.105	-0.158		
C NOMET	9705	0.116	0,123	0,007	6198	0.226	0.215	-0.011		
C OMET	274	0.142	0.212	0.069	139	0.288	0.360	0.072		
Standard deviation	30907	0.415	0.414	0.530	19932	0.647	0.633	0.774		
			18 THROUG	H 59 YEARS						
B Nomet	10371	0.149	0.166	0.017	6867	0.303	0.333	0.031		
E OMET	966	0.319	0.375	0.056	436	0.596	0.858	0.261		
e tyket	383	0.290	0.373	0.084	251	0,761	0,653	-0.108		
B Both	499	0.539	0.545	0.006	308	1.276	1.019	-0.256		
C NOMIT	5201	0.158	0.183	0.026	3520	0.311	0.361	0.050		
C OMET	548	0.372	0.456	0.084	245	0,616	0.718	0.10°		
Standard deviation	17968	0.649	0,740	0.785	11627	1.135	1.205	1.19		
			60 YEARS AN	ND OLDER						
B Nomer	3642	0.025	0.030	0.005	2928	0.045	0.041	-0.004		
E OMET	47	0.000	0.064	0.064	23	0.043	0.000	-0.043		
B TPMET	56	0.089	0.107	0.018	34	0.529	0.235	-0.294		
8 Both	18	0.167	0.056	-0.111	15	0.200	0.733	0.533		
Nomet		0.027	0.018	-0,009	1518	0.043	0.030	-0.013		
OMET		0.048	0,071	0.024	26	0.077	0.038	-0.038		
Standard deviation	5721	0.202	0.235	0.274	4544	0.351	0.326	0.393		

Table 4.10.D.3 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mantal haslih			before and of first		Twenty-four months before and after the period of. first HIT					
Mental health treatment status	n	Visits pre-MHT	Visits post-MHT	Change	R	visits pre-MHT	Visits post •MIT	Change		
			LESS THAN	18 YEARS						
R Nomet	8184	0.331	0.324	-0.006	4650	0.415	0.434	0.018		
E OMET	123	d.341	0.407	0,065	41	0.756	0.878	0.122		
e trmet	57	0.491	0.333	-0.158	13	0.308	0.385	0,077		
B Both	13	0.615	0,154	-0.462	9	0.556	0,000	-0.556		
C Nomet	3782	0.326	0.315	-0.011	2181	0.419	0.412	-0.007		
C OMHT	67	0.627	0.612	-0.015	33	0.879	0.727	-0.152		
Standard deviation	12226	0.840	0.802	0.960	6927	0.982	0.978	1.136		
			<u>18 through 59</u>	YEARS						
e nomet	4524	0,441	0.465	0.024	2814	0.563	0.597	0.033		
E ONHT	209	0.047	1.115	0.268	77	1.571	1.831	0.260		
e temet	163	1.288	1.037	-0.252	60	3.433	2.117	-1.317		
R Both	163	1.693	1.607	-0.086	68	1.941	2.735	0.794		
C NOMET	2296	0.452	0.529	0.077	1416	0.577	0.681	0.105		
C OMET	119	1.118	0.941	-0.176	48	1.917	1.604	-0.313		
Standard deviation	7474	1.701	1.552	1.507	4483	2.779	2.074	1.970		
			60 YEARS A	ND OLDER						
E NOMET	2247	0.053	0,036	-0.017	1623	0.062	0.028	-0.033		
E OMET	13	0.077	0.000	-0.077	6	0.333	0.000	-0.333		
B TFMET	13	0.231	0,231	0.000	5	1.200	0.600	-0.600		
R Both	10	0.100	1.300	1.200	4	0.000	0.000	0.000		
C NOMET	1163	0.057	0.033	-0.024	847	0.063	0.045	-0.018		
C OMET	13	0.077	0.000	-0.077	7	0.000	0.000	0.000		
Standard deviation	3459	0.330	0.352	0.406	2492	0.358	0.276	0.367		

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Table 4.10.D.4

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Manhal In a club		x norths befo			Twelve norths before and after the period of first HIT						
Mental health treatment status	H	Visits pre-HHT po	visits os t-net	Change	I	Visits pre-HET	Visits post-Met	Change			
			Fena	LE							
E NOMET	20369	0.106	0.117	0.011	13926	0.217	0.231	0.013			
E OMHT	941	0.257	0.294	0.037	457	0.477	0.700	0.223			
E TPMET	410	0.256	0.312	0.056	278	0.741	0.608	-0.133			
B Both	356	0.463	0.455	-0.008	241	1.162	0.826	-0.336			
C NOMET	10164	0.117	0.130	0.013	6917	0.221	0.238	0.017			
C OMET	553	0.322	0.401	0.080	276	0.500	0.601	0.101			
Standard deviation	32793	0,502	0.536	0.608	22095	0.866	0.868	0,902			
			MAL	<u>B</u>							
E NOMET	13888	0.119	0.130	0.012	9073	0.229	0.248	0.019			
B OMET	616	0.240	0.302	0.062	290	0.397	0.531	0.134			
E TFMHT	144	0.181	0.208	0.028	91	0.286	0.242	-0.044			
B Both	186	0.597	0.608	0,011	101	1.198	1.267	0.069			
C NOMET	6658	0,122	0.130	0.008	4319	0.240	0.233	-0.006			
C OMPT	311	0.215	0.286	0.071	134	0.410	0.455	0.045			
Standard deviation	21803	0.478	0.534	0.608	14008	0.740	0.809	0.896			

Table 4.10.D.4 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Mental heal tb			before and of first ME		Twenty-four norths before and after the period of first MT					
treatment status	n	Visits pre-MHT	visits post-HHT	Change	n	Visits pre-MHT	visits post-MIT	Cbange		
			PEMA	<u>le</u>						
R Nomet	9183	0.314	0,321	0.007	5686	0.393	0.407	0.014		
E OMET	220	0.709	0.977	0,268	81	1.556	1.852	0.296		
E TFMET	177	1.243	0.938	-0.305	57	3.596	2.105	-1.491		
B Botb	134	1.351	1.299	-0.052	55	1.218	1.345	0.127		
C NOMET	4483	0.309	0.328	0.019	2820	0.401	0.411	0.010		
C OMET	139	0.885	0.849	-0.036	63	1.381	1,286	-0.095		
Standard deviation	14336	1,264	1.136	1.144	8762	2.019	1.478	1.449		
			MAL	E						
E NOMET	5772	0.335	0,328	-0.007.	3401	0.405	0.419	0.013		
E OMET	125	0.512	0.544	0,032	43	0.651	0.628	-0.023		
E TFMHT	56	0.375	0.446	0.071	21	0.524	0.714	0.190		
B Both	52	2.000	1.981	-0,019	26	2.692	4.308	1.615		
C Nomet	2758	0.345	0.353	0.008	1624	0.402	0.456	0.054		
C OMET	60	0.883	0.583	-0.300	25	1.360	0.800	-0,560		
Standard deviation	8823	0.966	0.976	1.066	5140	1.120	1.222	1.270		

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Table 4.10.D.5

Mental health			ore and aft of first MI			Twelve months before and after the period of. first MHT					
treatment status	N	Visits pre-MIT	Visits post-MIT	Change	N	Visits pre-HHT	Visits post-MIT	Change	_		
		AID TO FA	AILIES WITH DEP	ENDENT CHILDI	REN						
R NOMET	24463	0.122	0.132	0.010	16317	0.248	0.266	0.018			
e omet	922	0.229	0.275	0.047	500	0.412	0.604	0.192			
B TFMBT	349	0,181	0.203	0.023	242	0.401	0.397	-0.004			
8 Both	170	0.441	0.453	0.012	123	1.033	0,943	-0.089			
C NOMET	11983	0.129	0.139	0.011	7920	0.255	0,264	0.008			
c omet	486	0.276	0.337	0.062	250	0.480	0.552	0.072			
Standard deviation	38373	0.483	0,480	0.589	25352	0.750	0.786	0.874			
		AG	ED, BLIND, A	AND DISABLED							
Nomet	4197	0.062	0.082	0.020	3490	0.117	0,136	0.	0	1	
e omet	263	0.232	0.342	0.110	136	0.485	0.691	0.206			
e tenet	97	0.381	OS36	0,155	69	1.449	1.043	-0.406			
B Both	160	0.519	0.525	0.006	104	1.240	0.990	-0.250			
C NOMET	2188	0.077	0.087	0,011	1789	0.133	0.136	0.003			
C OMET	165	0.285	0.273	-0,012	98	0.398	0.357	-0.041			
Standard deviation	7070	0.549	0.731	0.688	5686	1.106	1.084	1.025			
			GENERAL AS	<u>SSISTANCE</u>							
R Nomet	2134	0.148	0.158	0.010	1391	0.282	0.286	0.004			
E OMET	226	0.376	0.451	0.075	70	0.686	1.014	0.329			
e temet	73	0.397	0.466	0.068	42	0,762	0.476	-0.286			
Ii Both	196	0.582	0.571	-0.010	105	I.352	1.000	-0.352			
C Nomet	1026	0.179	0.171	-0.009	664	0.273	0.277	0.005			
C OMET	129	0.434	0.705	0.271	41	0.683	1.195	0.512			
Standard deviation	3784	0.627	0.759	0.806	2313	0.937	1.012	1.066			
			OTE	ER							
R Nomet	3463	0.075	0.082	0.008	1801	0.135	0.133	-0.002			
e omet	146	0.226	0.116	-0.110	41	0.317	0,171	-0.146			
e trhet	35	0.057	0.029	-0.029	16	0.188	0.188	0.000			
B oth	16	0.250	0.125	-0.125	10	0.300	0.300	0.000			
Nomet	1625	0.065	0.092	0.027	863	0.139	0.156	0.017			
COMET :	84	0.095	0.131	0.036	21	0.286	0,238	-0.048			
Standard deviation	5369	0.340	0.381	0.445	2752	0.567	0.603	0.676			

Table 4.10.D.5 -- Continued

EMERGENCY ROOM VISITS in'the periods before and after the six-month period of first **MHT:** entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Montal hoolth	Eight	een months be the period	efore and of first M	after			y-four nonths the period of		
Mental health treatment status	n	Visi ts pre-MHT	visits post-NHT	Change		Ħ	Visits pre-MIT po	Visits st -MT	Change
		AID TO !!	AMILIES WITE DE	PENDENT CHIL	DREN				
e nomet	10356	0.372	0.379	0.007		6112	0.472	0.501	0.02
e omet	221	0.6		4 20 . 2	8 0	81	1,259	1.370	0.11
R TFMHT	161		5 30 , 4			57	0.825	0.737	-0.08
B Both	77	1.1	1 71 . 1	3 00 . 0	1 3	36	0.944	1.306	0.36
C Nomet	4962			9 30 . 0		2911	0.479	0.531	0,05
C OMET	122		8 50 . 7			- 55	1.364	1.145	-0.21
Standard deviation	15899		4 00 . 9	*		9252	1.140	1.176	1.28
		<u>AG</u>	ED, BLIND, A	ND DISABLED					
B Nomet	2740	0.155	0.150	-0.006		2058	0.175	0.145	-0.03
e omet	83	0.578	0.735	0.157		33	1.273	1.576	0.30
r tenet	41	2.976	2.098	-0.878		14	11.571	6.429	-5.14
B Both	62	1.145	1.371	0,226		27	0.815	1.630	0.81
c Nomet	1400	0.188	0.162	-0.026		1058	0.220	0.181	-0.04
C OMET	50	0.820	0.520	-0.300		25	1,440	0.920	-0.52
Standard deviation	4376	1.782	1.408	1.211		3215	2.933	1.820	1.6
			GENERAL AS	_					
E NOMET	878	0.404	0,371	-0,033		492	0.581	0.585	0.00
e onet	26	0,885	1.231	0.346		8	0.875	1.375	0.50
B TFNAT	21	1.333	1.000	-0.333		4	1,250	0.500	-0.75
E Both	41	3.049	2,537	-0.512		16	4.875	5.875	1.00
C NOMET	432	0.407	0.442	0.035		261	0.490	0.513	0.02
C OMET	19	1.158	1.474	0.316		6	1,667	2.500	0.83
Standard deviation	1417	1.282	1.364	1.329		787	1,604	1.843	1.55
		0.100	OTH						0.01
E NOMET	981	0.190	0.183	-0.006		425	0.205	0.216	0.01
B OMET	15	0.600	0.267	-0.333		2	1.500	1.500	0.00
B TFMET	10	0.200	0.500	0.300		3	0.667	0.333	-0.33
8 Both	6	0.500	0.167	-0.333		2	1.500	0.500	-1.00
HOMET	447	0.168	0,168	0.000		214	0.136	0.136	0.00
C OMHT :	8	0.625	0,875	0.250		2	0.000	0.000	0.00
Standard deviation	1467	0.687	0.717	0,807		648	0.665	0.780	0,73

Table 4.10.D.6

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mental health			fore and aft of first MI				before and a	
treatment status	<u>l</u> i	Visits pre-MHT	Visits post-NET	Change	N	visits pre-MHT	Visits post -MT	Change
			HIGH US	SER_				
E Nomet	4683	0.319	0.351	0.032	3661	0.584	0.619	0.035
B OMHT	757	0.382	0.477	0.095	360	0.694	1.067	0.372
E TPMET	249	0.426	0.538	0.112	184	1.114	0.891	-0.223
R Both	448	0.592	0.571	-0.020	293	1,328	1,048	-0.280
c Nomet	2525	0.312	0.332	0.020	1962	0.585	0.595	0.010
C OMET	450	0.449	0.509	0.060	213	0.761	0.817	0.056
Standard deviation	9112	0.914	1,018	1.098	6673	1,547	1.598	1.639
			NOT HIGH	USER				
E Nomet	29574	0.079	0,086	0.008	19338	0.153	0.165	0.012
E OMET	800	0.126	0.128	0.001	387	0.214	0.233	0.018
B TPMHT	305	0.082	0.079	-0,003	105	0.146	0.146	0.000
B Both	94	0.117	0.202	0.045	49	0.245	0.408	0.163
C NOMET	14297	0.085	0.094	0.009	9274	0.153	0.160	0.008
C OMET	414	0.104	0.198	0.094	197	0.157	0.269	0.112
Standard deviation	45484	0.335	0.349	0,450	29430	0.406	0.501	0.620

Table 4.10.D.6 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by high user status and mental health treatment status.

Marcal Land	_		before and of first III		1675 0.980 1.032 63 1.889 2.508 39 5.359 3.077 63 2.111 2.762			
Mental bealth treatment status	N	Visits pre-XHT	Visits post-HHT	Change	N			Change
			HIGH U	<u>iser</u>				
E Nomet	2555	0.813	0.820	0.008	1675	0.980	1.032	0.052
E ONNT	168	0,958	1.464	0.506	63	1.889	2.508	0.619
e trant	112	1.866	1,482	-0.384	39	5.359	3.077	-2.282
B Both	152	1.789	1.697	-0.092	63	2.111	2.762	0.65
c nomit	1423	0.796	0.800	0.004	940	0.977	0.971	-0.00
C OMET	106	1.443	1.132	-0.311	49	2.286	1.694	-0.59
Standard deviation	4516	2.243	2.018	2.034	2829	3.529	2.634	2.59
			NOT III	GH USER				
e nomet	12400	0.221	0.221	-0.000	7412	0.266	0.271	0.00
E OMET	177	0.333	0.209	-0.124	61	0.574	0.311	-0.26
B TFNHT	121	0.264	0.207	-0.058	39	0.179	0.385	0.20
B Both	34	0.382	0.559	0.176	18	0.222	0.667	0.44
C Nomet	5818	0.207	0.225	0.018	3504	0.247	0.282	0.03
C OMAT	93	0.247	0.355	0.108	39	0,231	0.462	0.23
Standard deviation	18643	0.604	0.609	0.737	11073	0.694	0.711	0.83

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

Table 4.10.D.7

M (11 1/1			efore and af of first M				efore and a	
Mental health treatment status	H	Visit6 pre-MAT	Visits post-HHT	Change	X	Visits pre-MIT p	Visits oost-MET	Change
			MENTALLY DIS	SABLED				
E Nomet	0				0			
E OMET	140	0.321	0.443	0.121	42	0.619	0.905	0.286
e trmet	0				0			
B Both	166	0.608	0.645	0.036	93	1.548	1.247	-0.301
C NOMET	0				0			
C OMET	84	0,476	0.869	0.393	25	0,840	1.000	0.160
Standard deviation	391	0.981	1.572	1,496	160	2,196	2.310	2.173
			NOT MENTALLY D	ISABLED				
E Nomet	34257	0.111	0.122	0.011	22999	0.222	0.237	0,016
E OMET	1417	0.243	0.283	0.040	705	0.435	0.618	0.183
e tymet	554	0.236	0.285	0.049	369	0.629	0.518	-0.111
B Both	376	0.465	0.447	-0.019	249	1.032	0.847	-0,185
C NOMET	16821	0.119	0.130	0.011	11236	0.228	0.236	0.008
C OMET	780	0.263	0.305	0.042	385	0.447	0.525	0.078
Standard deviation	54205	0.486	0.518	0.597	35943	0,805	0.831	0.890

Table 4.10.D.7 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

M 411 14		teen withs be the period o			Twenty-four months before and after the period of first MET Visits Visits N pre-MET post -MET Characterists				
Mental health treatment status	X	Visits pre-MET 1	Visits pos t-III	Change	N			Change	
			RENTALLY DIS	SABLED					
E NOMET	0			<u>.</u>	0				
E OMET	10	0.700	0.500	-0.200	2	1.500	0.000	-1.500	
E TPMET	0				0				
B Both	38	3,000	2.658	-0.342	12	3.750	6,667	2.917	
C NOMET	0				0				
C OMET	13	1.538	2.154	0,615	6	3.167	4.167	1.000	
Standard deviation	61	3,197	3.544	3.503	20	4.870	6.735	5.776	
		N	OT MENTALLY	DISABLED					
B NOMET	14955	0.322	0.324	0.001	9087	0.398	0.412	0.014	
B OBBT	335	0.636	0.830	0.194	122	1.238	1.451	0.213	
B TPHHT	233	1.034	0.820	-0.215	78	2.769	1.731	-1.038	
B Both	148	1.155	1.189	0.034	69	1.333	1.536	0.203	
C NOMET	7241	0.323	0.338	0.015	4444	0.401	0.428	0.026	
C OMET	186	0.839	0.672	-0.167	a2	1.244	0.927	-0.317	
Standard deviation	23098	1.145	1.060	1.102	13882	1.730	1.355	1.368	

Table 4.10.D.8

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first **MHT:** Medicaid population aged 18 through 59 years at **MHT,** by mental disability status and mental health treatment status.

Markel books			fore and aft of first MI		Twelve souths before and after the period of. first MRT			
Mental health treatment status	N	Visits pre-MHT	Visits post-Het	Change	N	Visits pre-NET	Visits pos t-m	Cbange
			MENTALLY DIS	SABLED				
e nomet	0				0			
e omet	132	0.341	0.462	0.121	37	0.703	1.000	0.297
e trhet	0				0			
ß Both	164	0,610	0.652	0.043	92	1.554	1.250	-0.304
C NOMET	0				0			
C OMET	81	0.494	0.889	0.395	24	0.875	1.042	0.167
Standard deviation	378	0.994	1.595	1.519	153	2.233	2.354	2.221
			NOT DENTAL	LLY DISABLED				
E Nomit	10371	0.149	0.166	0.017	6867	0.303	0.333	0.031
e omet	834	0.315	0,361	0.046	399	0.586	0.845	0.258
e temet	383	0.290	0.373	0.084	251	0.761	0.653	-0.108
B Both	335	0.504	0.493	-0.012	216	1.157	0.921	-0.236
C NOMET	5200	0.157	0.183	0.026	3520	0.311	0.361	0.050
C ONET	467	0.351	0,381	0.030	221	0.588	0.683	0.095
Standard deviation	17590	0.637	0.708	0.761	11474	1.108	1.179	1.174

Table 4.10.D.8 -- Continued

EMERGENCY ROOM VISITS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

D (11)			efore and of first M				ths before and d of first MET	
Dental health treatment status	X	Visits pre-MHT	Visits post-MHT	Change	X	Visits pre-MHT	Visits post -m	Change
			MENTALLY DI	SADLBD				
E NOMET	0				0			
e omet	9	0.778	0.556	-0.222	2	1.500	0.000	-1.500
E TFMET	0				0			
B Both	38	3.000	2.658	-0.342	12	3.750	6.667	2.917
c Nomet	0				0			
C OMET	12	1.667	2.333	0.667	6	3.167	4.167	1.000
Standard deviation	59	3.222	3.581	3.563	20	4.870	6.735	5.776
			HOT MENTALLY	<u>DISADLBD</u>				
E Nomet	4524	0.441	0.465	0.024	2814	0.563	0.597	0.033
E OMET	200	0.850	1.140	0.290	75	1.573	1.880	0.307
E TPHET	163	1.288	1.037	-0.252	60	3.433	2.117	-1.317
B Both	125	1.296	1.288	-0.008	56	1.554	1.893	0.339
C Nomet	2296	0.452	0.529	0.077	1416	0.577	0.681	0.105
C OMET	107	1.056	0.785	-0,271	42	1.738	1.238	-0.500
Standard deviation	7415	1.675	1.518	1.479	4463	2.761	2.009	1.935

Table **4.10.E.1**

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

D. 14			fore and aft of first III		Share Share Pre-HHT Post -HHT 36103 0.156 0.163 24457 0.157 0.163 11646 0.153 0.163			
Population groap	n	Share pre-MET	Share post-MHT	Change	H			Change
Thole popalation	54596	0.092	0.100	0.008	36103	0.156	0.163	0,007
E groap	36910	0.092	0.098	0.006	24457	0.157	0.163	0.006
C groap	17686	0.093	0.104	0.011	11646	0.153	0.163	0.010
E NOMET	34257	0.085	0.091	0.006	22999	0.150	0.154	0.005
B OMIT	1557	0.157	0.173	0.017	747	0.229	0.280	0,051
e temet	554	0.139	0.135	-0.004	369	0,247	0.244	-0,003
B Both	542	0,271	0.251	-0.020	342	0.401	0.383	-0,018
C NOMET	16822	0.089	0.098	0.009	11236	0.149	0,157	0.008
C OMET	864	0.177	0.226	0,049	410	0.256	0.310	0.054
Standard deviation	54596	0.289	0.300	0.376	36103	0.363	0.369	0.451

Table 4.10.E.1 -- Continued

SHARE OF POPULATION USING EMERGENCY **ROOM** SERVICES in the Periods before and after the six-month period of first **MHT:** entire Medicaid population, by randomization group and mental health treatment status.

Population	Eighte th	een waths ne period	before and of first MI	after	13902 0.231 0.235			
group	x	Share pre-NHT	Share post-MHT	Change	n			Change
Whole population	23159	0.203	0.202	-0.001	13902	0.231	0.235	0.004
K group	1.5719	0.204	0.199	-0.005	9370	0.232	0.233	0.001
C group	7440	0.201	0.209	0.009	4532	0.229	0,239	0.010
E NOMET	14955	0.197	0.191	-0.006	9087	0.226	0,226	-0.000
E OMET	345	0.290	0.307	0.017	124	0.460	0.427	-0.032
B TFRET	233	0.318	0.318	0.000	78	0,359	0.436	0.077
B Both	186	0.452	0.468	0.016	81	0.407	0.494	0.086
Nomet	7241	0.196	0.205	0.008	4444	0.225	0,234	0.009
C OMET	199	0.357	0.377	0.020	88	0.409	0.500	0.091
Standard deviation	23159	0.402	0.402	0.484	13902	0.422	0.424	0.500

Table 4.10.E.2

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month Period of first MHT: entire Medicaid Population, by diagnosis and mental health treatment status.

M (11 14			fore end af of first m				efore and a	
Mental health treatment status	X	Share pre-MHT	Share post-NHT	Change	Ħ	Share pre-MHT	Share post-NHT	Change
	MEITHE	R CHRONIC MEDICA	I DIAGNOSIS	S NOR SUBST	TANCE ABUSE			
B Nomet	23082	0.013	0.079	0.006	14577	0.130	0.137	0.007
E OMET	779	0.109	0.119	0.010	379	0.164	0.219	0.055
E TPMET	220	0.073	0.095	0.023	136	0.118	0.169	0.051
R Both	157	0.172	0.185	0.013	91	0.231	0.231	0.000
C NOMET	11004	0.074	0.083	0.008	6837	0,127	0.136	0.008
C OMIT	403	0.104	0.171	0.067	199	0.151	0.231	0,080
Standard deviation	35645	0.263	0.275	0,353	22219	0.337	0.346	0.437
		<u>CH</u>	RONIC MEDICAL	DIAGNOSIS				
R NOMET	10937	0.110	0.115	0.005	8269	0.181	0.181	0.000
E OMIT	639	0.205	0.224	0.019	320	0.300	0.316	0.016
E TFMET	321	0.187	0.165	-0.022	227	0.322	0.286	-0.035
B Both	308	0,289	0.279	-0.010	209	0.426	0,435	0.010
C Novet	5687	0.113	0,124	0.011	4307	0.180	0.187	0,007
C OMET	360	0.228	0,264	0.036	169	0.314	0.349	0.036
Standard deviation	18252	0.326	0.335	0.410	13501	0.393	0.395	0.467
			SUBSTANC	E ABUSE				
E NOMET	238	0.176	0.239	0.063	153	0.333	0.386	0.052
E OMET	139	0.201	0.245	0.043	48	0.271	0.521	0.250
E TPMET	13	0.077	0.077	0.000	6	0.333	0.333	0.000
8 Both	77	0.403	0.273	-0.130	42	0.643	0.452	-0.190
C Nomet	131	0,221	0.221	0.000	92	0.337	0.402	0.065
c OMHT	101	0.287	0.307	0.020	42	0.524	0.524	0.000
Standard deviation	699	0.420	0.432	0.549	383	0.486	0.495	0.625

\$ 77 max,

Table 4.10.E.2 -- Continued

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before **and** after the six-month period of first **MHT:** entire Medicaid population, by diagnosis and mental health treatment status.

Mental health	Bigb	teen month the perio	before and d of first M	after		before and of first ME		
treatment status	¥	Share pre-MHT	Share pos t-MET	Change	N	Share pre-MHT	Share post-HHT	Change
	NEITHER C	HRONIC I	EDICAL DIAGN	OSIS NOR SUBSTAN	ICE ABUSE			
R NOMET	8940	0.180	0, 174	- 0, 006	5098	0.211	0.212	0.002
E OMET	175	0. 183	0. 223	0.040	56	0.321	0.304	- 0. 018
e temet	83	0. 133	0. 217	0.084	29	0.172	0.345	0. 172
R Both	54	0. 278	0. 315	0.037	23	0.130	0.217	0. 087
C NOMET	4091	0. 169	0. 183	0,014	2373	0.198	0.214	0. 016
c omet	99	0. 232	0. 333	0.101	41	0.268	0.415	0. 146
Standard deviation	13442	0.382	0.383	0.483	7620	0.405	0.411	0. 504
		CHRO	NIC REDICAL DIA	AGNOSIS_				
R Nomet	5911	0.220	0.214	-0.006	3931	0.242	0.239	- 0. 003
e omet	159	0.396	0,390	-0.006	65	0.554	0.523	- 0. 031
E TPMET	146	0.425	0.370	-0.055	46	0.500	0.478	- 0. 022
I Both	112	0.491	0.518	0.027	47	0.468	0.553	0.085
C Nomet	3092	0. 228	0.227	-0.000	2034	0.252	0.252	0.000
OMET	82	0.451	0.402	-0.049	39	0.513	0.513	0.000
Standard deviation	9502	0.423	0.420	0.483	6162	0.435	0.434	0. 492
			SUBSTANCE AB	<u>USE</u>				
E NOMET	104	0.433	0.442	0.010	58	0.534	0.552	0.017
E OMET	11	0.455	0.455	0.000	3	1.000	0.667	- 0. 333
E TEMET	4	0.250	0.500	0,250	3	0.000	0.667	0.667
8 Both	20	0.700	0.600	-0.100	11	0.727	0.818	0. 091
C NOMET	58	0.431	0,534	0.103	37	0.568	0.514	- 0. 054
c omet	18	0.611	0.500	-0.111	8	0.625	0.815	0. 250
Standard deviation	215	0.500	0.501	0.588	120	0.498	0.494	0.586

SHARE OF POPULATION USING **EMERGENCY** ROOM SERVICES in the periods before and after the six-month period **of** first **MHT:** entire Medicaid population, by age group at **MHT** and mental health treatment status.

Table 4.10.E.3

Mandal haalth			fore and aft of first M				efore and and of. first MBI	
Mental health treatment status	X	Share pre-MHT	Share post-MHT	Change	N	Share pre-HHT	Share post-HET	Change
			LESS THAI	N 18 YEARS				
B Nomet	20244	0.085	0.093	0.008	13204	0.153	0,162	0.009
R OMET	544	0,114	0.134	0.020	288	0,167	0.236	0.069
e temet	115	0.113	0.078	-0.035	84	0.202	0.179	-0.024
B Both	25	0.120	0.080	-0.040	19	0.158	0.105	-0.053
C NOMET	9705	0.090	0,100	0.009	6198	0.158	0.158	-0.000
C OMET	274	0.099	0.172	0.073	139	0,129	0.245	0.115
Standard deviation	30907	0.283	0.295	0.375	19932	0.362	0.369	0.463
			18 THROUGH 5	9 YEARS				
e nomet	10371	0.109	0.113	0.005	6867	0.192	0,195	0.003
e omet	966	0.188	0.201	0.012	436	0.280	0.323	0.044
e trhet	383	0.159	0.164	0.005	251	0.271	0.283	0.012
8 Both	499	0.285	0.267	-0.018	308	0.429	0.412	-0.016
C Nomet	5201	0.110	0.126	0.015	3520	0.187	0.216	0.029
C OMET	548	0.228	0.268	0.040	245	0.351	0.376	0.024
Standard deviation	17968	0.329	0.338	0.422	11627	0.404	0.413	0.497
			60 YEARS A	AND OLDER				
E NOMET	3642	0.020	0.020	0.000	2928	0.034	0.025	-0.009
E OMHT	47	0,000	0.064	0.064	23	0.043	0.000	-0.043
e temet	56	0.054	0.054	0.000	34	0.176	0.118	-0.059
B Both	18	0.111	0.056	-0.056	15	0.133	0.133	0.000
C Nomet	1916	0.020	0.014	-0.007	1518	0.028	0.021	-0.007
C OMBT	42	0.024	0.024	0,000	26	0.038	0.038	0.000
Standard deviation	5721	0.143	0.136	0.176	4544	0.181	0.156	0.199

Table 4.10.E.3 -- Continued

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Nental health			before and of first MI				before and of first MI	
treatment status	¥	Share pre-MHT	Share post-HET	Change	X	Share pre-MHT	Share post-HHT	Change
			LESS THAN 1	8 YEARS				
B Nomet	8184	0.214	0.205	-0.009	4650	0.251	0.256	0,006
E OMET	123	0.211	0.260	0.049	41	0.415	0.439	0.024
B TFMHT	57	0.333	0,246	-0.088	13	0.231	0.231	0.000
R Both	13	0.385	0.077	-0.308	9	0.333	0.000	-0.333
C NOMET	3782	0.211	0.214	0.003	2181	0.253	0.259	0.006
C OMHT	67	0.194	0.343	0.149	33	0.333	0.455	0.121
Standard deviation	12226	0.410	0.406	0.508	6927	0.435	0.438	0.538
			18 THROUGH	59 YEARS				
Nomet	4524	0.247	0.251	0,004	2814	0.289	0.296	0.007
E ONET	209	0.349	0.354	0.005	77	0.506	0.455	-0.052
B TPMET	163	0.325	0.356	0.031	60	0.383	0.483	0.100
R Both	163	0.479	0.521	0.043	68	0.441	0.588	0.147
C Nomet	2296	0.254	0.282	0.028	1416	0.297	0.320	0.023
C OMET	119	0.479	0.437	-0.042	48	0.521	0.604	0,083
Standard deviation	7474	0.440	0.446	0.533	4483	0.459	0.465	0.549
			60 YEARS AND	OLDER				
E NOMET	2247	0.038	0.023	-0.015	1623	0.047	0.018	-0.029
E OMET	13	0.077	0.000	-0.077	6	0.167	0.000	-0.167
E TPHET	13	0.154	0.154	0,000	5	0.400	0.400	0.000
B Both	10	0.100	0.100	0.000	4	0.000	0.000	0.000
C NOMET	1163	0.035	0.022	-0.013	847	0.034	0.027	-0.007
C OMET	1 3	0.077	0.000	-0.077	7	0.000	0.000	0.000
Standard deviation	3459	0.192	0.151	0.208	2492	0.204	0.146	0.209

Table 4.10.E.4

SHARE OF POPULATION USING **EMERGENCY** ROOM SERVICES in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by gender and mental health treatment status.

Manasi kasib		x conths before					before and a of first ME	
Mental health treatment status	n	Share pre-MIT	Share post-HHT	Change	N	Share pre-NHT	Share post-HHT	Change
			PENA	<u>le</u>				
E Nomet	20369	0,081	0.088	0.007	13926	0.146	0.148	0.002
e omet	941	0.166	0.176	0.011	457	0.234	0.315	0,081
e temet	410	0.144	0,154	0.010	278	0,259	0.266	0.007
B Both	356	0.250	0.242	-0.008	241	0.411	0.382	-0.029
C NOMET	10164	0.087	0.097	0.010	6917	0.142	0.157	0.015
c OMET	553	0.203	0.235	0.033	276	0.272	0.315	0.043
Standard deviation	32193	0.286	0.298	0.373	22095	0.360	0.367	0.442
			MAL	<u> </u>				
B Nomet	13888	0.092	0.096	0.004	9073	0.155	0.164	0.008
e ohet	616	0.143	0.169	0.026	290	0.221	0.224	0.003
B TPHAT	144	0.125	0.083	-0.042	91	0.209	0.176	-0.033
E Both	186	0.312	0.269	-0.043	101	0.376	0.386	0.010
C Nomet	6658	0.090	0.099	0.008	4319	0.160	0.157	-0.003
C OMET	311	0.132	0.209	0.077	134	0.224	0.299	0.075
Standard deviation	21803	0.294	0,302	0.381	14008	0.367	0.372	0.464

Table 4.10.E.4 -- Continued

SHARE OF POPULATION USING **EMERGENCY** ROOM SERVICES in the Periods before and after the six-month Period of first **MHT:** entire Medicaid population, by gender and mental health treatment status.

Manaal baalda			before and of first		5686 0.221 0.219 - 81 0.494 0.506 57 0.368 0.404 55 0.364 0,455 2820 0.218 0.226 63 0.413 0.508			
Mental health treatment status	n	Share pre-MHT	Share post-MHT	Change	N			Change
			FEMA	<u>le</u>				
E NOMET	9183	0.190	0.187	-0.003	5686	0.221	0.219	-0.002
E OMHT	220	0.291	0.350	0.059	81	0.494	0.506	0.012
E TFMHT	177	0.339	0.316	-0.023	57	0.368	0.404	0.035
B Both	134	0.448	0.478	0.030	55	0.364	0,455	0.091
C NOMET	4483	0.186	0.203	0.017	2820	0.218	0.226	0.008
C OMET	139	0.374	0.381	0.007	63	0.413	0.508	0.095
Standard deviation	14336	0.397	0,400	0.478	8762	0.418	0.420	0.491
			MAL	<u> </u>				
R Nomet	5772	0.209	0.199	-0.010	3401	0.235	0.238	0.002
E OMET	125	0,288	0.232	-0.056	43	0.395	0.279	-0.116
E TPHET	56	0.250	0.321	0.071	21	0.333	0.524	0.190
R Both	52	0.462	0.442	-0,019	26	0,500	0.577	0.077
C NOMET	2758	0.213	0.208	-0.005	1624	0.239	0.249	0.010
C OMET	60	0.317	0.367	0.050	25	0.400	0.480	0.080
Standard deviation	8823	0.410	0.404	0.494	5140	0.427	0.430	0.514

Table 4.10.E.5

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first \mathtt{MHT} : entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

D (11 H			Fore and after of first MET				before and a l of first MB1	
Dental health treatment status	n	Share pre-MHT _I	Share oos t-MIT	Change	Х	Share pre-HHT	Share post-MIT	Change
		AID TO	PANILIES WITH	DEPENDENT	CHILDREN			
E NOMET	24463	0.095	0.102	0.007	16317	0.171	0.179	0.008
E OMET	922	0.148	0.183	0.036	500	0,228	0.312	0.084
E TPMET	349	0.117	0.129	0.011	242	0,219	0.231	0.012
B Both	170	0.218	0.235	0.018	123	0.333	0.358	0.024
C NOMHT	11983	0.098	0.108	0.010	7920	0,172	0.184	0.011
C OMET	486	0.181	0.230	0.049	250	0.260	0.340	0.080
Standard deviation	38373	0.299	0.311	0.395	25352	0.380	0.389	0.484
		AG	ED, BLIND, A	ND DISABLEI	<u>)</u>			
E NOMHT	4197	0.039	0.042	0.003	3490	0.068	0.061	-0.007
E OMET	263	0.106	0.129	0.023	136	0.169	0.169	0.000
E TPHET	97	0.155	0,175	0.021	69	0.290	0.319	0,029
B Both	160	0,231	0.244	0.013	104	0.337	0.385	0.048
C NOMET	2188	0.044	0,048	0.004	1789	0.067	0.063	-0.004
c OMET	165	0.158	0.182	0.024	98	0.194	0.204	0.010
Standard deviation	7070	0.222	0.232	0.265	5686	0.271	0.265	0.296
			GENERAL AS	SISTANCE				
E NOMHT	2134	0.103	0.112	0.008	1391	0.174	0.180	0.006
E OMHT	226	0,243	0.243	0.000	70	0.357	0.329	-0.029
B TFMHT	73	0.260	0.164	-0.096	42	0.357	0.238	-0.119
B Both	196	0,357	0.281	-0.077	105	0.552	0.419	-0.133
C NOMET	1026	0.130	0.130	0.000	664	0.184	0.182	-0.002
C OMET	129	0.256	0.333	0.078	41	0.415	0.463	0.049
Standard deviation	3784	0.347	0.349	0.431	2313	0.405	0.402	0.471
			OTH	i <u>r</u>				
E NOMET	3463	0.062	0.065	0.003	1801	0.095	0.096	0.001
E OMET	146	0.171	0.082	-0.089	41	0.220	0.171	-0.049
E TFNHT	35	0.057	0.029	-0.029	16	0,188	0.125	-0,063
B Both	16	0.188	0.125	-0.063	10	0.300	0.300	0.000
C NOMET ,	1625	0.050	0.067	0.017	863	0.085	0.094	0.009
C OMET	84	0.071	0.119	0.048	21	0.190	0.143	-0.048
Standard deviation	5369	0.241	0.249	0.319	2752	0.294	0.297	0.375

Table 4.10.E.5 -- Continued

SHARE OF POPULATION USING **EMERGENCY** ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Montal h14h			before and of first ME			y-four sonths the period o		
Mental health treatment status	n	Share pre-MHT	Share post-MET	Change	X	Share pre-HHT po	Share st-MDT	Change
		AID TO	FAMILIES	WITH DEPENDENT CHI	LDREN			
e nomet	10356	0,234	0.231	-0.003	6112	0.277	0.284	0.008
E OMET	221	0.326	0.362	0.036	81	0.556	0.519	-0.037
E TFMET	161	0.311	0.298	-0,012	57	0.316	0.439	0.123
R Roth	77	0.416	0.416	0.000	36	0.389	0.389	0.000
C NOMET	4962	0.234	0.249	0.016	2911	0.282	0.302	0.020
C OMBT	122	0.336	0.418	0.082	55	0.436	0.582	0.145
Standard deviation	15899	0.425	0.428	0.530	9252	0.450	0.456	0.560
		<u>A</u>	GED <u>, blind</u>	, AND DISABLED				
E NOMET	2740	Il.077	0.065	-0.012	2058	0.088	0.063	-0.025
E OMET	83	0.145	0.169	0.024	33	0.152	0.152	0.000
e trmet	41	0.317	0.366	0.049	14	0.357	0.429	0.07
8 Both	62	0.323	0.403	0.081	27	0.222	0.407	0.18
C NOMET	1400	0.081	0,067	-0.014	1058	0.086	0.076	-0.01
C OMET	50	0.340	0.240	-0.100	25	0.280	0.320	0.040
Standard deviation	4376	0.284	0.267	0.304	3215	0.289	0.263	0.30
			GENERAL AS	SISTANCE				
E NOMET	878	0.230	0.221	-0.009	492	0.278	0.280	0.002
E OMET	26	0.462	0.346	-0.115	8	0.750	0.500	-0.250
B TPMET	21	0.429	0.333	-0.095	4	0.750	0.500	-0.25
B Both	41	0,756	0.707	-0.049	16	0.750	0.875	0.12
C NOMET	432	0.243	0.248	0.005	261	0.264	0.241	-0.023
C OMET	19	0.579	0.474	-0.105	6	0.833	0.667	-0.16
Standard deviation	1417	0.439	0,433	0.491	787	0.456	0.452	0.48
			<u>oth</u>	<u>er</u>				
R NOMHT	981	0.121	0.101	-0.020	425	0.108	0.118	0.00
E OMET	15	0.267	0.200	-0.067	2	0.500	1.000	0.50
E TPMET	10	0.200	0.400	0.200	3	0.667	0.333	-0.33
R Roth	6	0.167	0.167	0.000	2	0.500	0.500	0.00
C Nomet ,	447	0.098	0.101	0.002	214	0.103	0.089	-0.01
C OMET	8	0.250	0.375	0.125	2	0.000	0.000	0.00
Standard deviation	1467	g.322	0.308	0.383	648	0.315	0.316	0.36

Table 4.10.E.6

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

M. a. I. basalda		x norths befo					before and a of. first ME	
Mental health treatment status	n	Share pre-MHT po	Share s t-MHT	Change	H	Share pre-MHT	Share post-MT	Change
			HIGH U	<u>JSER</u>				
E Nomet	4683	0.212	0.213	0.001	3661	0.325	0.305	-0.019
e onet	757	0.218	0.248	0.030	360	0.322	0,383	0.06
e temet	249	0.221	0.217	-0.004	184	0.370	0.359	-0,01
B Both	448	0.313	0.268	-0.045	293	0.454	0,396	-0.05
C Nomet	2525	0.195	0.211	0.016	1962	0.303	0.311	0.00
C OMET	450	0.264	0.293	0.029	213	0.390	0.432	0.04
Standard deviation	9112	0.411	0.416	0.515	6673	0.469	0.467	0.55
			HOT HIGH	I USBR				
Nomet	29574	0.065	0.072	0.007	19338	0.117	0.126	0.00
e omet	800	0.099	0.103	0.004	387	0.142	0.183	0.04
e trmet	305	0.072	0.069	-0.003	185	0.124	0.130	0.00
E Both	94	0.074	0.170	0.096	49	0.082	0.306	0.22
C NOMET	14297	0.070	0.078	0.008	9274	0.117	0.125	0.00
c onet	414	0.082	0.152	0.070	197	0.112	0,178	0.0
Standard deviation	45484	0.251	0.264	0,341	29430	0.321	0.333	0.42

Table 4.10.E.6 -- Continued

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month Period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mental health			of first M		1675 0.437 0.427 -0. 63 0.635 0.619 -0, 39 0.564 0.564 0. 63 0.492 0.540 0. 940 0.434 0.411 -0. 49 0.653 0.673 0.			
treatment status	N	Share pre-MHT	Share post-MIT	Change	N			Change
			HIGH 1	<u>iser</u>				
E NOMET	2555	0.387	0.371	-0.016	1675	0.437	0.427	-0.010
E OMET	168	0.405	0.446	0.042	63	0.635	0.619	-0,016
E TPMET	112	0,438	0.473	0.036	39	0.564	0.564	0.000
B Both	152	0.526	0.493	-0.033	63	0.492	0.540	0.048
c Nomit	1423	0.382	0.377	-0.005	940	0.434	0.411	-0.02
c OMHT	106	0.547	0.519	-0.028	49	0.653	0.673	0.02
Standard deviation	4516	0.489	0.487	0.582	2829	0.497	0.496	0.59
			NOT HIG	H DSER				
Nomet	12400	0.158	0.154	-0.004	7412	0.179	0.181	0.00
e onet	177	0.181	0.175	-0.006	61	0.279	0.230	-0,04
e tpmet	121	0.207	0.174	-0.033	39	0.154	0.308	0,15
8 Both	34	0,118	0.353	0.235	18	0.111	0.333	0.22
c Nomit	5818	0.151	0.163	0.012	3504	0.170	0.187	0.01
c OMET	93	0.140	0.215	0.075	39	0.103	0.282	0.17
Standard deviation	18643	0.363	0.365	0.457	11073	0.381	0.387	0.47

Table 4.10.E.7

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

M + 1 1 - 14			fore and aft of first III			ve months be the period		
Mental health treatment status	N	Share pre-MHT	Share post-MET	Change	X	Share pre-MHT pe	Share ost-MIT	Change
			MENTALLY	DISABLED				
R Nomet	0				0			
E OMET	140	0.236	0.229	-0.007	42	0.286	0.381	0.095
e temet	0				0			
B Both	166	0.337	0.265	-0.072	93	0.505	0.387	-0.11
C NOMET	0				0			
C OMET	84	0.274	0.345	0.071	25	0.440	0.440	0.00
Standard deviation	391	0.454	0.444	0.577	160	0.498	0.490	0.54
			NOT MENTALLY	<u>DISABLED</u>				
E Nomet	34257	0.085	0.091	0.006	22999	0.150	0,154	0.00
E OMHT	1417	0.149	0.168	0.019	705	0.226	0.274	0.04
e traet	554	0.139	0.135	-0.004	369	0.247	0.244	-0.00
B Both	376	0.242	0.245	0.003	249	0.361	0.382	0.02
C Nomet	16821	0.089	0.098	0.009	11236	0.149	0.157	0.00
C OMET	780	0.167	0.213	0.046	385	0.244	0.301	0.05
Standard deviation	54205	0.287	0.298	0.374	35943	0.361	0.368	0.45

Table 4.10.E.7 -- Continued

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

M (11 H			before and of first MI		0 2 0.500 0.000 -0.5 0 12 0.583 0.833 0.2 0 6 1.000 0.833 -0.1 20 0.470 0.444 0.5 9087 0.226 0.226 -0.0 122 0.459 0.434 -0.0			
Mental health treatment status	N	Share pre-MHT	Share post-MHT	Change	I			Change
			MENTALLY DIS	SABLED				
E Nomet	0				0			
E OMHT	10	0.400	0.300	-0.100	2	0.500	0.000	-0.500
E TFHOT	0				0			
B Both	38	0.763	0.632	-0.132	12	0.583	0.833	0.250
c Nomet	0				0			
c OMET	13	0.692	0.538	-0.154	6	1.000	0.833	-0.167
Standard deviation	61	0.467	0.501	0.532	20	0.470	0.444	0.510
			NOT MENTALLY	DISABLED				
nomet	14955	0.197	0.191	-0.006	9087	0.226	0.226	-0.000
E OMHT	335	0.287	0.307	0.021	122	0.459	0.434	-0.025
B TFHET	233	0.318	0,318	0.000	78	0.359	0.436	0.077
B Both	148	0.372	0.426	0.054	69	0.377	0.435	0.058
c Nomet	7241	0.196	0.205	0.008	4444	0.225	0.234	0.009
c OMET	186	0.333	0.366	0.032	a2	0.366	0.476	0.110
Standard deviation	23098	0.401	0.401	0.484	13882	0.421	0.424	0.500

Table 4.10.E.8

ATION USING EMERGENCY ROOM SERVICES in the periods before and after

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MET, by mental disability status and mental health treatment status.

			fore and aft of first MI				of. first MII	
mental nealth treatment status	n	Share pre-MHT	Share post-NHT	Change	N	Share pre-MHT p	Share oost -HHT	Change
			MENTALLY DIS	SABLED				
E NOMET	0				0			
e omet	132	0.250	0,235	-0.015	37	0.324	0.405	0.081
e trmet	0				0			
B Both	164	0.335	0.268	-0.067	92	0.500	0.380	-0.120
C NOMET	0				0			
C OMET	81	0.284	0,346	0.062	24	0,458	0.458	0.000
Standard deviation	378	0,457	0.446	0.580	153	0,499	0.491	0.548
			NOT MENTALLY D	<u>ISABLED</u>				
E Nomet	10371	0,109	0.113	0.005	6867	0.192	0.195	0.003
E OMHT	834	0.179	0,195	0.017	399	0,276	0.316	0.040
e tpmet	383	0,159	0.164	0.005	251	0,271	0.283	0.012
E Both	335	0.260	0.266	0.006	216	0.398	0.426	0.028
C Nomet	5200	0.110	0.126	0.016	3520	0,187	0.216	0.029
C OMET	467	0.218	0.255	0.036	221	0.339	0.367	0.027
Standard deviation	17590	0.324	0,335	0.418	11474	0.401	0.411	0.497

Table 4.10.E.8 -- Continued

SHARE OF POPULATION USING EMERGENCY ROOM SERVICES in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

M - 1 1 1d	Eighteen norths before and after the period of first MIT					Twenty-four norths before and a the period of. first MET Share Share pre-MET post-1181 0 2 0.500 0.000 0 12 0.583 0.833 0 6 1.000 0.833 20 0.470 0.444 2814 0.289 0.296 75 0.507 0.467 60 0.383 0.483 56 0.411 0.536					
Mental health treatment status	n	Share pre-MHT	Share pos t-MIT	Change	N			Change			
			MENTALLY DIS	SABLED							
E Nomet	0				0						
e onat	9	0.444	0.333	-0.111	2	0.500	0.000	-0.500			
B TYMHT	0				0						
B Both	38	0.763	0.632	-0.132	12	0.583	0.833	0.250			
C Nomet	0				0						
C OMET	12	0,750	0,583	-0.167	6	1.000	0.833	-0.16			
Standard deviation	59	0.457	0.498	0.540	20	0.470	0.444	0.510			
			NOT MENTALL	Y DISABLED							
E NOMET	4524	0.247	0.251	0.004	2814	0.289	0.296	0,00			
e omet	200	0.345	0.355	0.010	75	0.507	0.467	-0.04			
e trmet	163	0.325	0.356	0.031	60	0.383	0.483	0.10			
B Both	125	0.392	0.488	0.096	56	0.411	0.536	0.12			
C Nomet	2296	0.254	0.282	0.028	1416	0.297	0.320	0.02			
C OMET	107	0.449	0.421	-0.028	42	0.452	0.571	0.11			
Standard deviation	7415	0.438	0.445	0.533	4463	0.458	0.464	0.54			

Table 4.10.F.1

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Population		Six nonths before and after the period of first HHT			Twelve norths before and after the period of. first HET				
group	N	Proc's pre-MHT	Proc's post-MHT	Change	ij	Proc's pre-MHT	Proc's post-MIT	Change	
Whole population	54596	1.40	1.53	0.13	36103	2.78	3.12	0.34	
E group	36910	1.40	1.53	0.13	24457	2.80	3.12	0.31	
c group	17686	1.40	1.54	0.14	11646	2.73	3.12	0.40	
E NOMET	34257	1.28	1.40	0.12	22999	2.59	2.88	0.29	
E OMIT	1557	2.48	2.82	0.34	747	4.82	5.53	0.7	
E TPMET	554	3.27	3.30	0.03	369	7.05	7.07	0.02	
B Both	542	3.72	4.22	0.50	342	8.17	9.37	1.20	
C NOMET	16822	1.35	1.47	0.12	11236	2.65	3.03	0.38	
C OMIT	864	2.32	2.87	0.55	410	4.72	5.59	0.8	
Standard deviation	54596	3.08	3.44	3.48	36103	4.98	5.93	5.48	

Table 4.10.F.1 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before **and** after the six-month period of first **MHT:** entire Medicaid population, by randomization group **and** mental health treatment status.

Dogulation		een worths be he period o					hs before an of. first ma	
Population group	Ii	Proc's pre-MHT po	Proc's ost -MAT	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
Whole population	23159	4.06	4.71	0.65	13902	5.35	6.20	0.85
E groap	15719	4.08	4.67	0.60	9370	5.33	6.12	0.79
C group	7440	4.03	4.79	0.76	4532	5.38	6.37	0.98
E NOMET	14955	3.81	4.38	0.57	9087	5.12	5.86	0.74
R OMHT	345	7.68	8.99	1.31	124	10.04	11.77	1.73
E TPMET	233	11.04	10.82	-0.22	78	13.88	14.77	0.88
R Both	186	10.47	12.87	2.40	81	13.10	17.48	4.38
C NOMET	7241	3.92	4.66	0.74	4444	5.27	6.21	0.94
C OMET	199	8.27	9.55	1.28	88	10.80	14.14	3.34
Standard deviation	23159	6.82	8.55	7.42	13902	8.62	11.26	9.61

Table 4.10.F.2

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health			fore and aft of first ME				before and a of. first	
treatment status	N	Proc's pre-MET	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
	NEITHER	CHRONIC M	DICAL DIAGNO	SIS NOR SUBST	TANCE ABUSE			
E NOMHT	23082	1.01	1.09	0.08	14577	2.00	2.18	0.18
E OMET	779	1.57	1.73	0.17	379	3.09	3.58	0.49
E TPNHT	220	1.85	1.97	0.12	136	3.89	4.14	0.25
E Both	1.57	2.04	2.15	0.11	91	4.30	4.96	0.66
C NOMET	11004	1.05	1.11	0.06	6837	1.96	2.24	0.28
C OMET	403	1.66	1.75	0.09	199	3.27	3.50	0.23
Standard deviation	35645	2.46	2.52	2.75	22219	3.43	4.04	4.13
		<u>C1</u>	HRONIC MEDICA	L DIAGNOSIS				
k nomet	10937	1.85	2.05	0.19	8269	3.61	4.09	0.48
E OMHT	639	3.57	4.17	0.59	320	6.87	7.94	1.07
e temet	321	4.31	4.19	-0.12	227	9.02	8.81	-0.21
B Both	308	4.92	5.47	0.55	209	10.38	11.28	0.90
C NOMET	5687	1.91	2.12	0.22	4307	3.71	4.22	0.51
C OMET	360	3.04	4.24	1.21	169	6.16	8.14	1.98
Standard deviation	18252	3.91	4.62	4.51	13501	6.63	7.91	7.13
			SUBSTANCE	E ABUSE				
E NOMHT	238	1.84	2.10	0.26	153	3.57	4.24	0.67
E OMHT	139	2.54	2.69	0.15	48	4.75	4.79	0.04
R TFMET	13	1.54	3.62	2.08	6	3.83	7.33	3.50
B Both	77	2.38	3.43	1.05	42	5.60	9.45	3.86
C Nomet	131	2.61	3.21	0.60	92	4.36	6.09	1.73
C OMET	101	2.38	2.47	0.09	42	5.79	5.24	-0.55
Standard deviation	699	4.09	4.45	5.24	383	5.13	7.20	7.01

Table 4.10.F.2 -- Continued

LABORATORY AND X-RAY **PROCEDURES** in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by diagnosis and mental health treatment status.

Manhal hoolth		een waths be			STANCE ABUSE			
Mental health treatment status	N	Proc's pre-NRT	Proc's post-MHT	Change	N			Change
	NEITHEI	R CRRONIC	' MEDICAL DIA	GNOSIS NORSUB	STANCE ABUSE			
E NOMET	8940	2.93	3.30	0.37	5098	3.86	4.27	0.41
e omet	175	4.38	4.98	0.59	56	5.84	6.89	1.05
E TPMRT	83	5.40	4.94	-0.46	29	5.55	6.38	0.83
Both	54	5.39	6.59	1.20	23	a.39	8.78	0.39
C NOMET	4091	2.86	3.48	0.62	2373	3.76	4.63	0.87
C OMET	99	6.01	5.76	-0.25	41	8.93	8.46	-0.46
Standard deviation	13442	4.56	5.63	5.43	7620	5.69	7.14	6.60
		<u>CHRO</u> 1	NIC Nedical di	AGNOSIS				
B Nomet	5911	5.11	5.98	0.87	3931	6.74	7.90	1.16
e onet	159	11.49	13.40	1.91	65	13.37	16.17	2.80
E TYMET	146	14.37	14.25	-0.12	• 46	19.13	20.09	0.9
Both	112	13.60	15.82	2.22	47	16.81	20.98	4.1
C NOMET	3092	5.27	6.15	0.88	2034	6.99	7.96	0.9°
C OMET	a2	10.96	14.15	3.18	39	12.44	19.77	7.3
Standard deviation	9502	8.89	11.23	9.53	6162	10.96	14.55	12.3
		<u>S</u>	UBSTANCE	ABUSE				
E Nomet	104	4.83	5.53	0.70	58	6.38	a.22	1.84
E OMET	11	5.18	9.18	4.00	3	16.33	7.67	-8.6
R TFMET	4	6.50	7.50	1.00	3	14.00	14.33	0.3
B Both	20	6.65	13.30	6.65	11	7.09	20.73	13.6
C NOMET	58	6.41	a.45	2.03	37	7.76	11.41	3.6
C ONRT	18	a.44	9.44	1.00	8	12.38	15.75	3.3
Standard deviation	215	6.70	8.83	a.35	120	9.33	11.22	10.6

Table 4.10.F.3

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Marcel Leville			fore and aft of first MI				efore and a of. first III	
Mental health treatment status	N	Proc's pre-MHT	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post-MIT	Change
			LESS THAN	8 YEARS				
e nomet	20244	0.93	1.02	0.08	13204	1.91	2.09	0.18
e onet	544	1.28	1.75	0.47	288	2.64	3.01	0.38
R TPMET	115	1.45	1.44	-0.01	84	3.01	3.17	0.15
E Both	25	0.72	1.00	0.28	19	2.32	2.89	0.58
C Nomet	9705	0.93	1.01	0.08	6198	1.83	2.03	0.20
C OMET	274	1.35	1.58	0.23	139	2.86	3.06	0.19
Standard deviation	30907	1.78	2.07	2.32	19932	2.83	3.32	3.43
			18 THROUGH 59	9 YEARS				
E Nomet	10371	2.18	2.47	0.28	6867	4.45	5.25	0.80
e omet	966	3.22	3.52	0.30	436	6.39	7.42	1.03
E TPNET	383	3.93	4.22	0.29	251	8.75	9.16	0.41
B Both	499	3.91	4.35	0.44	308	8.61	9.86	1.26
C NOMET	5201	2.37	2.66	0.28	3520	4.69	5.68	0.99
c omet	548	2.95	3.69	0.74	245	6.20	7.52	1.32
Standard deviation	17968	4.23	4.89	4.99	11627	7.03	8.51	8.03
			60 YEARS MI	OLDER_				
E NOMET	3642	0.66	0.52	-0.15	2928	1.29	0.88	-0.41
e omet	47	1.02	0.77	-0.26	23	2.30	1.00	-1.30
E TPMET	56	2.46	0.79	-1.68	34	4.44	1.26	-3.18
B Both	18	2.72	4.94	2.22	15	6.67	7.47	0.80
C NOMET	1916	0.75	0.58	-0.17	1518	1.29	0.98	-0.31
C OMET	42	0.45	0.67	0.21	26	0.69	0.96	0.27
Standard deviation	5721	3.52	2.89	2.86	4544	4.42	4.39	4.55

Table 4.10.F.3 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before **and** after the six-month period of first **MHT**: entire Medicaid population, by age group at **MHT and mental** health treatment status.

Mental health	Eigh	teen norths the period	before and l of first MI	after	4650 3.78 4.24 41 5.51 5.80 13 2.92 4.62			
treatment status	N	Proc's pre-MHT	Proc's post -MHT	Change	¥			Change
			LESS THAN	18 YRARS				
E NOMET	8184	2.81	3.16	0.35	4650	3.78	4.24	0.4
E OMHT	123	3.99	4.61	0.62				0.2
E TFNET	57	4.81	4.30	-0.51				1.6
Both	13	5.31	4.23	-1.08	9	8.56	5.44	-3.1
C NOMET	3182	2.73	3.16	0.43	2181	3.59	4.12	0.5
C OMET	67	4.25	4.72	0.46	33	6.30	7.15	0.8
Standard deviation	12226	3.65	4.57	4.59	6927	4.56	5.93	5.7
			18 THROUGH	59 YEARS				
B Nomet	4524	6.64	8.29	1.65	2814	8.92	11.39	2.4
E OMET	209	10.01	12.09	2.08	77	12.45	15.87	3.4
E TPMHT	163	13.29	13.85	0.56	60	16.07	18.03	1.9
Both	163	10.98	13.76	2.79	68	14.37	20.09	5.7
C NOMET	2296	6.87	8.83	1.96	1416	9.49	12.26	2.7
C OMET	119	11.36	13.31	1.95	48	15.31	21.00	5.6
Standard deviation	7474	9.61	12.33	10.95	4483	11.89	16.26	14.1
			60 YEARS	AND OLDER				
Nomet	2247	1.75	0.94	-0.81	1623	2.39	0.94	-1.4
B OMHT	13	5.15	0.69	-4.46	6	10.00	0.00	-10.0
S TFMET	13	10.15	1.46	-8.69	5	16.20	2.00	-14.2
Both	10	8.90	9.60	0.70	4	1.75	0.25	-1.5
C Nomet	1163	1.94	1.32	-0.63	847	2.57	1.48	-1.0
C OMET	13	0.69	0.00	-0.69	7	1.00	0.00	-1.0
Standard deviation	3459	5.87	5.35	5.50	2492	7.59	5.91	7.0

Table 4.10.F.4

LABORATORY AND X-RAY PROCEDURES in the periods **before** and after the six-month period of first **MHT:** entire Medicaid population, **by** gender and mental health treatment status.

Manaal baalab			fore and aft of first ME		Twelve norths before and after the period of first HHT Proc's Proc's Proc's pre-HHT pos t-HHT Ch 13926 2.94 3.38 457 6.14 7.14 278 7.92 7.91 241 9.77 11.05 6917 3.01 3.51 276 5.32 6.51 22095 5.51 6.66			
Mental health treatment status	N	Proc's pre-MHT	Proc's post-MET	Change	N			Change
			<u>Pena</u>	<u>le</u>				
E Nomet	20369	1.48	1.64	0.16	13926	2.94	3.38	0.4
E OMBT	941	3.05	3.43	0.38	457	6.14	7.14	1.00
R TYNHT	410	3.61	3.47	-0.14	278	7.92	7.91	-0.0
R Both	356	4.36	4.97	0.61	241	9.77	11.05	1.2
C NOMET	10164	1.55	1.72	0.17	6917	3.01	3.51	0.5
C OMET	553	2.84	3.36	0.52	276	5.32	6.51	1.1
Standard deviation	32793	3.43	3.80	3.84	22095	5.51	6.66	6.1
			MAL	<u> </u>				
e nomet	13888	1.00	1.06	0.06	9073	2.04	2.11	0.0
E OMET	616	1.60	1.88	0.28	290	2.74	2.99	0.2
e temet	144	2.28	2.80	0.51	91	4.38	4.49	0.1
B Both	186	2.49	2.77	0.28	101	4.36	5.38	1.0
C Nomet	6658	1.05	1.09	0.04	4319	2.08	2.26	0.1
C OMBT	311	1.40	2.00	0.60	134	3.48	3.69	0.2
Standard deviation	21803	2.42	2.77	2.85	14008	3.92	4.40	4.2

Table 4.10.F.4 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

w		teen nonths be the period o				y-four north the period		
Mental health treatment status	N	Proc's pre-MET	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post-MET	Change
			PEMAI	<u>.B</u>				
B Nomet	9183	4.35	5.14	0.80	5686	5.84	6.78	0.94
e omet	220	9.78	11.65	1.87	81	12.83	15.37	2.54
e trmet	177	12.49	12.12	-0.36	57	16.16	17.47	1.32
B Both	134	11.78	15.05	3.28	55	14.16	18.76	4.60
C NOMET	4483	4.44	5.41	0.97	2820	6.02	7.14	1.12
C OMET	139	8.67	10.88	2.22	63	10.59	16.46	5.8
Standard deviation	14336	7.67	9.70	8.32	8762	7.65	12.69	10.79
			MALI	Ĭ				
E NOMET	5772	2.94	3.16	0.21	3401	3.92	4.34	0.42
E ONET	125	4.00	4.32	0.32	43	4.79	5.00	0.21
E TPMET	56	6.46	6.70	0.23	21	7.71	7.43	-0.29
B Both	52	7.10	7.25	0.15	26	10.85	14.77	3.9
C NOMET	2758	3.06	3.43	0.37	1624	3.98	4.60	0.6
C OMIT	60	7.35	6.45	-0.90	25	11.32	8.28	-3.04
Standard deviation	8823	4.98	6.00	5.64	5140	6.28	7.99	7.1

Table 4.10.F.5

LABORATORY **AND** X-RAY PROCEDURES in the periods before **and** after the six-month period of first **MHT:** entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

M. a.ll., Id			ore and aft of first III				before and a d of first MI	
Mental heal tb treatment status	N	Proc's pre-MET	Proc's post -MIT	Change	N	Proc's pre-MHT	Proc's post -MHT	Change
		AID TO FA	(ILIES WITH I	DEPENDENT (1	ILDREN			
E NOMET	24463	1.25	1.40	0.15	16317	2.58	2.96	0.3
S OMET	922	2.37	2.82	0.45	500	4.51	5.68	1.1
TPMET	349	3.04	3.11	0.07	242	6.21	6.30	0.0
Both	170	4.02	3.84	-0.18	123	7.67	8.49	0.8
C NOMHT	11983	1.29	1.46	0.17	7920	2.58		0
OMET	486	2.53	2.90	0.37	250	4.96	5.42	0.4
Standard deviation	38373	2.58	3.02	3.20	25352	4.26	5.25	5.0
		AG	ED, BLIND, A	ND DISABLED				
Nomet	4197	0.94	0.97	0.04	3490	1.93	1.96	0.0
OMET	263	2.07	2.24	0.17	136	4.49	4.63	0.
TPHET	97	3.07	2.34	-0.73	69	7.03	5.74	-1.2
Both	160	3.64	4.44	0.80	104	8.63	9.25	0.
C Nomet	2188	1.22	1.12	-0.10	1789	2.24	2.12	-0.
C ONET	165	2.26	2.32	0.05	98	4.34	5.26	0.9
Standard deviation	7070	4.12	4.23	3.72	5686	6.05	7.21	6.
			GENERAL AS	SSISTANCE				
Nomer	2134	2.44	2.54	0.11	1391	4.61	5.09	0.
OMET	226	4.08	4.36	0.28	70	9.03	8.43	-0.0
TPMET	73	4.85	5.26	0.41	42	10.69	13.33	2.
Both	196	3.66	4.19	0.54	105	8.50	10.45	1.
C NOMET	1026	2.56	2.68	0.12	664	5.21	5.69	0.
C OMBT	129	2.64	3.98	1.35	41	5.71	8.73	3.
Standard deviation	3784	4.71	5.23	5.27	2313	7.77	8.91	7.
			OTH	<u>er</u>				
Nomet	3463	1.25	1.27	0.02	1801	2.35		-0.0
COMMIT	146	1.42	1.48	0.05	41	2.41		-0.0
TPHET	35	2.77	3.74	0.97	16	10.19		-2.2
Both	16	2.13	6.25	4.13	10	6.20		4.
NOMHT	1625	1.26	1.27	0.01	863	2.21		-0.
C OMET `	84	0.74	2.11	1.37	21	1.67		1.
Standard deviation	5369	3.10	3.33	3.48	2752	5.15	5.03	5.

Table 4.10.F.5 -- Continued

LABORATORY **AND** X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health			before and l of first III				s before and of first MHT	
treatment status	N	Proc's pre-MHT	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
		AID TO PAN	ILIES WITH I	DEPENDENT (hi	LDREN_			
E Nomet	10356	3.90	4.63	0.72	6112	5.36	6.33	0.97
e onet	221	7.39	9.46	2.07	81	9.51	12.09	2.58
R TPHAT	161	9.33	9.21	-0.12	57	13.89	14.35	0.46
E Both	77	9.95	12.79	2.84	36	12.19	17.03	4.83
C NOMET	4962	3.91	4.95	1.04	2911	5.34	6.83	1.49
C OMET	122	8.04	9.04	1.00	55	10.76	13.05	2.29
Standard deviation	15899	5.86	7.47	6.74	9252	7.51	9.77	8.54
		<u>A0</u>	GED, BLIND, N	MD DISABLED				
e nonht	2740	2.73	2.63	-0.10	2058	3.63	3.35	-0.28
e omet	83	6.12	6.55	0.43	33	10.03	10.45	0.42
e tymet	41	10.20	10.15	-0.05	14	13.57	14.71	1.1
E Both	62	8.98	9.74	0.76	27	9.93	13.81	3.8
C NOMET	1400	3.21	2.90	-0.32	1058	4.25	3.53	-0.7
C OMET	50	9.54	9.40	-0.14	25	11.24	15.64	4.4
Standard deviation	4376	8.04	9.73	8.29	3215	9.77	12.74	11.1
			GENERAL AS	<u>SSISTANCE</u>				
E Nomet	878	6.69	8.19	1.50	492	9.50	12.50	3.0
E OMHT	26	17.62	16.23	-1.38	8	15.25	14.00	-1.2
E TPMET	21	23.05	22.38	-0.67	4	12.00	21.50	9.5
B Both	41	14.44	18.73	4.29	16	20.81	25.75	4.9
C NOMET	432	7.66	8.51	0.84	261	10.68	12.75	2.0
C OMET	19	8.42	15.26	6.84	6	12.50	21.83	9.3
Standard deviation	1417	10.98	13.55	11.09	787	13.64	17.86	14.3
			HTO	<u>er</u>				
E NOMET	981	3.22	3.22	-0.00	425	3.83	3.64	-0.1
R OMET	15	3.40	3.07	-0.33	2	11.00	12.00	1.0
e temet	10	16.80	15.20	-1.60	3	17.67	14.00	-3.6
B Both	6	5.33	6.17	0.83	2	10.50	9.00	-1.5
C NOMET .	447	2.60	3.25	0.65	214	2.80	3.06	0.2
C OMET	8	3.50	4.63	1.13	2	1.00	2.00	1.0
Standard deviation	1467	6.08	7.85	7.11	648	6.98	8.08	7.8

Table 4.10.F.6

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Mantal haalth			fore and aft of first MI				before and a of.first	
Mental health treatment status	N	Proc's pre-MAT	Proc's post-MET	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
			BIGH U	JSER_				
E Nomet	4683	4.24	4.65	0.41	3661	7.89	8.92	1.03
E OMET	757	4.15	4.78	0.64	360	7.96	9.46	1.50
e trmet	249	5.61	5.80	0.19	184	11.58	11.90	0.32
B Both	448	4.33	4.86	0.53	293	9.28	10.49	1.22
C NOMET	2525	4.26	4.83	0.57	1962	7.70	9.24	1.54
C OMET	450	3.58	4.43	0.85	213	7.31	9.14	1.83
Standard deviation	9112	5.75	6.44	6.84	6673	8.61	10.47	10.88
			HOT H	GH USER				
E Nomet	29574	0.82	0.89	0.07	19338	1.59	1.74	0.1
e omet	800	0.90	0.96	0.06	387	1.89	1.87	-0.03
e tymet	305	1.36	1.26	-0.10	185	2.54	2.26	-0.28
R Both	94	0.81	1.15	0.34	49	1.55	2.65	1.1
C NOMET	14297	0.84	0.88	0.04	9274	1.59	1.72	0.1
C OMET	414	0.95	1.18	0.23	197	1.92	1.75	-0.1
Standard deviation	45484	1.68	1.85	2.26	29430	2.48	2.83	3.1

Table 4.10.F.6 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

M (11 11			before and of first MI			y-four sonth the period (
Mental health treatment status	N	Proc's pre-MHT	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
			HIGH I	JSER_				
e nomet	2555	11.26	13.22	1.96	1675	14.70	17.58	2.80
R OMET	168	13.27	15.91	2.64	63	17.40	20.22	2.83
E TFMHT	112	19.26	18.50	-0.76	39	23.97	23.33	-0.64
B Both	152	12.29	14.95	2.66	63	16.00	21.32	5.32
C Nomet	1423	10.72	13.47	2.75	940	14.10	17.17	3.0
C OMET	106	12.99	15.30	2.31	49	16.67	22.59	5.93
Standard deviation	4516	11.41	14.80	14.69	2829	14.01	19.29	19.0
			NOT BIO	GH USER				
E Nomet	12400	2.27	2.56	0.28	7412	2.96	3.22	0.2
E OMHT	177	2.38	2.43	0.05	61	2.44	3.05	0.6
e tynet	121	3.43	3.71	0.28	39	3.79	6.21	2.4
R Both	34	2.32	3.59	1.26	18	2.94	4.06	1.1
C NOMET	5818	2.25	2.51	0.25	3504	2.91	3.27	0.3
C OMPT	93	2.89	2.99	0.10	39	3.41	3.51	0.1
Standard deviation	18643	3.14	3.72	3.93	11073	3.84	4.60	4.6

Table 4.10.F.7

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

Mental health			ore and aft of first ME			elve nonths be the period o		
treatment status	N	Proc's pre-MHT	Prods post-HET	Change	N	Prods pre-MIT pos	Proc's st-MET	Change
			MENTALLY DI	SABLED				
E NOMET	0				0			
E OMET	140	2.26	3.36	1.11	42	5.43	6.52	1.10
E TFNET	0				0			
ß Both	166	3.86	4.30	0.44	93	9.63	10.84	1.20
C NOMET	0				0			
C OMET	84	2.21	4.25	2.04	25	5.28	8.68	3.40
Standard deviation	391	4.81	5.92	6.21	160	10.23	11.98	11.46
			NOT MENTALLY	Z DISABLED				
E NOMET	34257	1.28	1.40	0.12	22999	2.59	2.88	0.29
E OMHT	1417	2.50	2.76	0.26	705	4.78	5.47	0.69
e trmet	554	3.27	3.30	0.03	369	7.05	7.07	0.02
B Both	376	3.66	4.18	0.52	249	7.63	8.82	1.20
C NOMET	16821	1.35	1.47	0.12	11236	2.65	3.03	0.38
C ONET	780	2.33	2.72	0.39	385	4.68	5.39	0.71
Standard deviation	54205	3.06	3.41	3.45	35943	4.94	5.87	5.44

Table 4.10.F.7 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MRT: entire Medicaid population, by mental disability status and mental health treatment status.

			before and of first MI		Twenty-four months before and after the period of first MHT				
Mental nealth treatment status	N	Proc's pre-MHT	Proc's post-MHT	Change	N	Proc's pre-MHT	Proc's post -MHT	Change	
			HENTALLY I	ISABLED					
B Nomet	0				0				
e onht	10	16.20	11.30	-4.90	2	8.00,	3.00	-5.0	
e temet	0				0				
E Both	38	13.18	18.87	5.68	12	14.67	19.50	4.8	
C NOMET	0				0				
C OMET	13	11.54	22.46	10.92	6	20.83	35.50	14.6	
Standard deviation	61	14.72	22.16	20.63	20	15.29	24.29	20.7	
			NOT MENTALL	Y DISABLED					
E NOMET	14955	3.81	4.38	0.57	9087	5.12	5.86	0.7	
e omat	335	7.43	a.93	1.50	122	10.07	11.92	1.8	
e temet	233	11.04	10.82	-0.22	78	13.88	14.77	0.8	
E Both	148	9.77	11.33	1.56	69	12.83	17.13	4.3	
C NOMET	7241	3.92	4.66	0.74	4444	5.27	6.21	0.9	
C OMET	186	8.04	8.65	0.60	82	10.06	12.57	2.5	
Standard deviation	23098	6.77	8.46	7.35	13882	8.60	11.21	9.5	

Table 4.10.F.8

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MRT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

		nonths before he period o		Twelve nonths before and after the period of. first HIT				
Mental nealth treatment status	N	Proc's pre-MHT pos	Proc's t-HBT	Change	N	Proc's pre-MHT	Proc's post-MHT	Change
		1	MENTALLY DIS	SABLED				
E NOMET	0				0			
e omet	132	2.37	3.53	1.16	37	6.05	7.32	1.27
E TPMHT	0				0			
Both	164	3.85	4.15	0.30	92	9.74	10.87	1.13
C Nomet	0				0			
C OMET	81	2.30	4.41	2.11	24	5.50	9.04	3.5
Standard deviation	378	4.86	5.88	6.25	153	10.34	12.12	11.7
		NO	OT MENTALL	Y DISABLED				
E Nomet	10371	2.18	2.47	0.28	6867	4.45	5.25	0.80
e omht	834	3.36	3.52	0.16	399	6.42	7.43	1.0
B TPMHT	383	3.93	4.22	0.29	251	8.75	9.16	0.4
Both	335	3.93	4.45	0.52	216	8.13	9.44	1.3
C nomet	5200	2.38	2.66	0.28	3520	4.69	5.68	0.9
C OMET	467	3.06	3.56	0.51	221	6.28	7.35	1.0
Standard deviation	17590	4.22	4.86	4.96	11474	6.96	8.44	7.9

Table 4.10.F.8 -- Continued

LABORATORY AND X-RAY PROCEDURES in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

Marcal Lands			oefore and a				hs before an of first NH1	
Mental health treatment status	n	Proc's pre-MHT	Proc's post-MHT	Change	N	Proc's pre-MET	Proc's post-MHT	Change
			MENTALLY DIS	SABLED				
R Nomet	0			<u> </u>	0			
e onet	9	18.00	12.56	-5.44	2	8.00	3.00	-5.00
e temet	0				0			
B Both	38	13.18	18.87	5.68	12	14.67	19.50	4.83
C Nomet	0				0			
C OMET	12	12.50	24.33	11.83	6	20.83	35.50	14.67
Standard deviation	59	14.75	22.27	20.97	20	15.29	24.29	20.74
			NOT MENTALLY	<u>DISABLED</u>				
e nomet	4524	6.64	a.29	1.65	2814	8.92	11.39	2.47
e omht	200	9.66	12.07	2.42	75	12.57	16.21	3.64
E TPMET	163	13.29	13.85	0.56	60	16.07	18.03	1.97
B Both	125	10.30	12.21	1.90	56	14.30	20.21	5.91
C NOMET	2296	6.87	8.83	1.96	1416	9.49	12.26	2.77
C ONET	107	11.23	12.07	0.84	42	14.52	18.93	4.40
Standard deviation	7415	9.54	12.18	10.84	4463	11.87	16.20	14.14

Table 4.10.G.1

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Popalation		x norths before			Twelve norths before and after the period of first ner				
group	N	Drugs pre-MST	Drugs post-MHT	Change	N	Drugs pre-MHT	Drugs post-MHT	Change	
Whole population	54593	0.619	0.715	0.096	36101	1.303	1.470	0.167	
E group	36907	0.624	0.717	0.093	24456	1.316	1.463	0,146	
C groap	17686	0.607	0,709	0.102	11645	1.275	1.485	0.211	
R NOMIT	34254	0.496	0,556	0.060	22998	1.095	1.203	0.108	
E OMHT	1557	1.659	2.498	0.839	747	3.137	4.660	1.523	
e temet	554	1.551	1.596	0.045	369	3.810	3.580	-0.230	
B Both	542	4.834	4.875	0.041	342	9.538	9.670	0.132	
C NOMIT	16822	0.553	0.616	0.063	11235	1.213	1.374	0,162	
C OMET	864	1.657	2.522	0.865	410	2.973	4.529	1.55	
Standard deviation	54593	2.612	2,882	2.115	36101	4.771	5.200	3.524	

Table 4.10.G.1 -- Continued

 $CONTROLLED\ DRUG\ PRESCRIPTIONS\ in\ the\ periods\ before\ and\ after\ the\ six-month\ period\ of\ first\ MHT:\ entire\ Medicaid\ population,\ by\ randomization\ group\ and\ mental\ health\ treatment\ status.$

Donulation	Eighteen wonths before and after the period of first MIT				Twenty-four worths before and after the period of first MET				
Population group	N	Drugs pre-MIT	Drugs post-MHT	Change	N	Drags pre-MHT	Drugs post-MHT	Change	
Vhole population	23158	1.984	2.279	0,294	13899	2.684	3,142	0.45	
E group	15718	1.984	2.235	0.251	9368	2.681	3.087	0.40	
C group	7440	1,986	2.372	0.386	4531	2.692	3.257	0.56	
E NOMHT	14954	1.739	1.950	0,211	9085	2.449	2.843	0.39	
E OMET	345	4.365	6.849	2.484	124	7.806	9,871	2.06	
e temet	233	5.451	5.455	0.004	78	6.077	6.603	0.52	
B Both	186	12,887	12.554	-0.333	81	17.519	16.654	-0.86	
Nomet	7241	1,902	2.211	0.309	4443	2.605	3.076	0.47	
C OMET	199	5.020	8.206	3.186	88	7.057	12,386	5.33	
Standard deviation	23158	6.873	7.712	4.838	13899	9.154	10.162	6,16	

Table 4.10.G.2

CONTROLLED DRUG PRESCRIPTIONS in the Periods before and after the six-month Period of first MHT: entire Medicaid Population, by diagnosis and mental health treatment status.

Mental health			fore and aft of first MI				pefore and a	
treatment status	N	Drugs pre-MHT	Drugs post-MHT	Change	N	Drugs pre-MHT	Drugs post-HHT	Change
	NEIT	HER CHRONI(MEDICAL DIAC	GNOSIS NOR S	UBSTANCE ABUSE			
E NOMET	23079	0.301	0,348	0.047	14576	0.647	0.720	0.073
E OMHT	779	0.863	1.264	0,402	379	1,515	2.731	1.216
e temet	220	0.664	0.641	-0,023	136	1.632	1.412	-0,221
B Both	157	1.732	2.229	0.497	91	4.758	5.330	0.571
C NOMET	11004	0.311	0.358	0.047	6837	0.662	0,763	0,101
C OMHT	403	0.814	1.261	0.447	199	1.910	3.146	1.236
Standard deviation	35642	1.423	1.602	1.310	22218	2.836	3.146	2.291
		<u>CI</u>	HRONIC MEDICA	L DIAGNOSIS				
e nomet	10937	0,894	0.975	0.081	8269	1.874	2.024	0.150
e omet	639	2.637	3.795	1.158	320	5.206	6.897	1.691
E TPMET	321	2.209	2.296	0.087	227	5.185	4.951	-0.233
E Both	308	6.023	6.211	0,188	209	11.014	11.866	0.852
C NOMET	5687	0.993	1.078	0.085	4306	2.033	2.255	0.222
C OMET	360	2.233	3.431	1.197	169	2.929	4.793	1.864
Standard deviation	18252	3.710	4.052	2,918	13500	6.535	6.990	4.605
			SUBSTANC	E ABUSE				
R Nomet	238	1.076	1.504	0.429	153	1,719	2.771	1.052
e omet	139	1.626	3.453	1.827	48	2.146	4.979	2.833
e temet	13	0.308	0.462	0.154	6	1.167	0,833	-0.333
B Both	77	6.403	4.922	-1,481	42	12.548	8.143	-4,405
C Nomet	131	1.802	2.282	0.481	92	3.783	5.620	1.837
C OMHT	101	2.970	4,317	1.347	42	8.190	10.024	1.833
Standard deviation	699	7.543	8.471	6.248	383	10.766	13.447	10.874

Table 4.10.G.2 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MRT: entire Medicaid population, by diagnosis and mental health treatment status.

Mental health		teen norths be the period			Twent	y-four wont the period.	hs before an of first MIT	d after
treatment status	N	Drugs pre-MHT p	Drugs ost -MHT	Change	N	Drugs pre-MHT	Drags post-MHT	Change
	NEITHER	CHRONIC MEI	DICAL DIAGNO	OSIS NOR SUBSTAN	ICE ABUSE			
E NOMET	8939	1.006	1.141	0,135	5096	1.371	1.618	0.246
E OMHT	175	1.589	3.571	1.983	56	2.393	4.554	2.161
B TPMET	83	2.494	2.301	-0.193	29	2.138	2.621	0.483
E Both	54	5.537	5.870	0.333	23	9.304	7.087	-2.217
C NOMET	4091	0.996	1.171	0.175	2372	1.406	1.750	0.344
C OMIT	99	3.010	4.798	1.788	41	6.195	9.805	3.610
Standard deviation	13441	3.972	4.708	2.914	7617	5.556	6.623	3.949
		CHRONI	C MEDICAL DI	AGNOSIS				
B Nomet	5911	2.842	3.131	0.288	3931	3.847	4.386	0.539
E OMET	159	7.604	10.484	2.881	65	12.738	14.785	2.046
e temet	146	7.233	7.363	0.130	46	8.826	9.326	0.500
B Both	112	14.920	15.634	0.714	47	17.723	20.064	2.340
C NOMET	3092	3.045	3.493	0.449	2034	3.897	4.480	0.583
C OMBT	82	5.207	8.585	3.378	39	5.923	13.667	7.744
Standard deviation	9502	9.211	10.000	6.271	6162	11.683	12.844	7.842
			SVBSTANCE A	<u>ABUSE</u>				
E NOMET	104	2.087	4.385	2.298	58	2.379	5.862	3.483
E OMBT	11	1.727	6.455	4.727	3	2.000	2.667	0.66
E TFMHT	4	1.750	1.250	-0.500	3	2.000	3.333	1.33
B Both	20	21.350	13350	-8,000	11	33.818	22.091	-11,72
C NOMET	58	4.948	7.259	2.310	37	8,486	10.838	2.35
C OMET	18	15.222	25,222	10.000	a	17.000	19.375	2.375
Standard deviation	215	14.777	20.589	15.775	120	22.568	20.296	16.001

Table 4.10.G.3

Marcel backle		ix months be the period					before and a	
Mental health treatment status	N	Drugs pre-MT	Drugs post-MHT	Change	N	Drugs pre-MHT	Drugs post-MHT	Change
			LESS THAN 18	YEARS				
E NOMET	20242	0.179	0.209	0.029	13203	0.386	0.448	0.062
R OMHT	544	0.362	0.653	0.290	288	0.726	1.601	0.875
R TFMHT	115	0,357	0.365	0.009	a4	0.714	0.929	0.214
B Both	25	0.680	0.280	-0.400	19	1.474	0.632	-0.842
C Nomet	9705	0.204	0.215	0.011	6198	0,433	0,474	0.040
C OMET.	274	0,339	0.825	0.485	139	0.705	1.424	0.719
Standard deviation	30905	0.692	0.821	0,872	19931	1,205	1.415	1.416
			18 THROUGH 59	YEARS				
E Nomet	10370	0.948	1.073	0.125	6867	2.085	2.278	0.193
E OMHT	966	2.377	3.558	1.181	436	4.720	6.718	1.998
e temet	383	1.770	1.875	0.104	251	4.502	4.255	-0.247
E Both	499	5.012	4.988	-0.024	308	9.714	9.873	0.159
C NOMET	5201	1.018	1.185	0,167	3519	2.165	2.569	0.404
C OMET	548	2.327	3.359	1.033	245	4,200	6.233	2.033
Standard deviation	17967	4.122	4.542	3.303	11626	7.417	8.111	5.492
			60 YEARS A	ND OLDER				
E NOMET	3642	0.966	1.014	0.048	2928	1.972	2.085	0.113
E OMET	47	1.915	2.085	0.170	23	3.304	3.957	0.652
E TFMET	56	2.500	2.214	-0.286	34	6.353	5.147	-1.206
E Both	18	5.667	a.111	2.444	15	16,133	16.933	0.800
C NOMET	1916	1.060	1.108	0.048	1518	2.189	2.282	0.093
C OMHT	42	1.524	2.667	1.143	26	3.538	5.077	1.538
Standard deviation	5721	2.620	2.792	2.057	4544	5.085	5.283	3.548

Table 4.10.G.3 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before **and** after the six-month period of first MHT: entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health			before and of first MI				hs before and d of first MIT		_		
treatment status	N	Drugs pre-MHT	Drugs post-MHT	Change	I	Drags pre-MHT	Drugs post-HET	Change	_		
			LESS THAN 18	YRARS							
B NOMHT	8183	0.575	0.660	0.085	4649	0.772	0.921	0.149			
e omet	123	0.967	2.545	1.577	41	1.512	4.610	3.098			
B TFMHT	57	1,386	1.526	0.140	13	1.538	2.000	0.462			
B Both	13	1.231	0.769	-0.462	9	1.444	0.889	-0.556			
C NOMHT	3782	0.654	0.717	0.063	2181	0.890	0.970	0.080			
C OMET	67	1.104	2.522	1.418	33	1.970	5.273	3.303			
Standard deviation	12225	1,669	1,926	1.785	6926	2.160	2.518	2.324			
			18 THROUGH	59 YRARS							
B Nomet	4524	3,220	3.679	0.460	2814	4.499	5.413	0.	9	1	
e onet	209	6.354	9.364	3,010	77	11,260	12.779	1.519			
S TPMET	163	6.264	6,528	0.264	60	5.267	6.883	1.617			
B Both	163	13.699	13.202	-0.497	68	19.544	18.088	-1,456			
C NOMET	2296	3.276	4.019	0.743	1415	4.341	5.359	1.018			
C OMET	119	6.975	11.345	4.370	48	10,271	18.229	7.958			
Standard deviation	7474	10.480	12.002	7.449	4482	14.302	15.912	9.361			
			60 YEARS AV	ID OLDER							
R NOMET	2247	2.999	3.165	0.166	1622	3.699	3.891	0.193			
E OMET	13	4.538	7.154	2.615	6	6.500	8.500	2.000			
E TFMHT	13	13.077	9.231	-3.846	5	27.600	15.200	-12.400			
B Both	10	14.800	17.300	2.500	4	19.250	27,750	8.500			
C NOMET	1163	3.251	3.501	0.250	847	4.124	4.684	0.560			
C OMHT	13	7.308	8.769	1.462	7	9.000	5.857	-3.143			
Standard deviation	3459	7,408	7.408	5.014	2491	8.173	8.687	6.228			

Table 4.10.G.4

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first ${\tt MHT:}$ entire Medicaid population, by gender and mental health treatment status.

Manhal Localda			fore and aft of first MII		Twelve months before and after the period of first HHT				
Mental health treatment status	N	Drags pre-MHT	Drugs post-MHT	Change	N	Drugs pre-MHT	Drugs post-MET	Change	
			PEMA	<u>le</u>					
E NOMET	20367	0.558	0.620	0.062	13926	1.231	1.357	0.125	
E OMHT	941	1.848	2.724	0.876	457	3.549	5.254	1.705	
e temet	410	1.522	1.500	-0.022	278	3.669	3,237	-0.432	
R Both	356	4.508	4.815	0.306	241	9.755	9.934	0.178	
C Nomet	10164	0.610	0.687	0,077	6916	1.355	1.543	0.188	
C OMHT	553	1.611	2.520	0,917	276	2.797	5.112	2.315	
Standard deviation	32791	2.666	2.931	2,088	22094	5.025	5,464	3,716	
			MAL	<u> </u>					
E Nomet	13887	0.404	0.462	0.057	9072	0.886	0.966	0.080	
e omht	616	1.370	2.154	0.784	290	2.486	3.724	1.238	
B TFMHT	144	1.632	1.868	0.236	91	4.242	4.626	0.385	
R Both	186	5.457	4.989	-0.468	101	9.020	9.040	0.020	
C NOMET	6658	0,467	0.509	0.043	4319	0.986	1,105	0.119	
C OMET	311	1.740	2.511	0.772	134	3.336	3,320	-0.007	
Standard deviation	21802	2.526	2.805	2.153	14007	4.331	4.739	3.199	

Table 4.10.G.4 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

Washal 1 1d			efore and a of first MI		Twenty-four norths before and after the period of first MHT				
Mental health treatment status	N	Drugs pre-MHT	Drugs post-MHT	Change	N	Drags pre-HBT	Drugs post-MHT	Change	
			PEMA	LE					
e nomet	9183	1.964	2.243	0.279	5685	2.756	3.250	0.49	
e omet	220	5.223	8.314	3.091	81	11.037	12.593	1.556	
e trmet	177	4.842	4,712	-0,130	57	4.614	5,965	1.351	
B Both	134	13,284	13.821	0.537	55	16.091	16.055	-0.036	
C NOMET	4483	2.177	2.513	0.336	2819	2.991	3.643	0.652	
c onet	139	5,050	8.237	3.187	63	6.238	10.143	3.905	
Standard deviation	14336	7.292	8,317	5,337	8760	9,751	11.022	6.75	
			MAL	<u>B</u>					
B Nomht	5771	1.381	1.484	0.103	3400	1.936	2.161	0.225	
e omht	125	2.856	4.272	1.416	43	1.721	4.744	3.02	
e temet	56	7.375	7,804	0.429	21	10.048	8.333	-1.71	
E Both	52	11.865	9.288	-2.577	26	20.538	17.923	-2.61	
C NOMET	2758	1.456	1.721	0.265	1624	1.936	2.092	0.15	
C OMIT	60	4.950	8,133	3.183	25	9.120	18.040	8.92	
Standard deviation	8822	6.108	6.576	3.890	5139	8.000	8.438	5.00	

Table 4.10.G.5

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health			fore and aft l of first M				efore and a	
treatment status	N	Drugs pre-MHT	Drugs post -MHT	Change	N	Drags pre-MHT p	Drugs oos t-MIT	Change
		AID TO F	AMILIES VIII	I DEPENDENT CHILI	<u>OREN</u>			
e nomet	24460	0.327	0.385	0.058	16316	0.717	0.820	0.103
e omet	922	1.464	2,116	0.652	500	2.650	4.004	1.354
B TFMHT	349	0.954	0.943	-0.011	242	2.231	2.099	-0.132
B Both	170	3.518	3.400	-0.118	123	7.431	7.228	-0.203
C Nomet	11983	0.371	0,429	0,058	7919	0.763	0.894	0.130
C OMHT	486	1,342	2.294	0.953	250	2.372	3.520	1.148
Standard deviation	38370	1.950	2,305	1.776	25350	3.629	3.799	2.889
		<u>A</u> (GED, BLIND, A	ND DISABLED				
B Nomet	4197	1.146	1,179	0,033	3490	2.326	2.390	0.064
E OMHT	263	1,722	2.338	0.616	136	3.735	5.346	1.610
e temet	97	3.299	3,546	0.247	69	8.043	8.174	0.130
B Both	160	4.319	4.931	0.613	104	8.779	8.750	-0.029
C NOMET	2188	1.261	1.373	0.112	1789	2.653	2.942	0.289
C OMET	165	2.758	2.636	-0.121	98	4.398	5.724	1.327
Standard deviation	7070	3.766	3.863	2.630	5686	6.861	7.467	4.472
			GENERAL	ASSISTANCE				
R NOMET	2134	1.046	1,156	0.109	1391	2.285	2.456	0.171
e omet	226	2.650	4.513	1.863	70	5.071	7,057	1.986
e temet	73	2.384	2.137	-0,247	42	6.762	5.143	-1.619
8 Both	196	6.653	6.306	-0.347	105	13.000	13.752	0.752
C NOMET	1026	1.235	1.333	0.098	664	2.783	3.116	0.333
C OMBT	129	1.977	3.876	1.899	41	3.610	8.805	5.195
Standard deviation	3784	5.030	5.355	3.713	2313	8.514	9.826	6,30
			OTH	ER				
E NOMET	3463	0.558	0.638	0.080	1801	1.214	1.400	0.186
E OMET	146	1.240	2,082	0.842	41	3.780	6.293	2,512
e trmet	35	0.914	1.571	0.657	16	1.688	2.063	0.375
B Both	16	1.688	2.438	0.750	10	7.000	6.400	-0.600
C NOMET	1625	0.516	0.530	0.014	863	1.143	1.194	0.051
C OMET '	84	0.833	1,536	0.702	21	2.238	2.619	0.381
Standard deviation	5369	2,018	2.188	2.021	2752	3.240	3.970	3.356

Table 4.10.G.5 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health			before and a of first MIT	fter	Twenty-foar noiths before and the period of first MIT				
treatment status	N	Drags pre-MET	Drags	Change	N	Drags pre-MHT	Drags post-MHT	Change	
		AID TO F	AMILIES WITH	DEPENDENT (I	ILDREN				
E Nomet	10355	1.086	1.276	0.189	6111	1.544	1.865	0.32	
E OMHT	221	4.054	6.647	2.593	81	6.852	9.358	2.50	
E TPMET	161	3.118	2.932	-0.186	57	3.070	3.860	0.78	
Both	77	10.377	12,896	2.519	36	10,556	17.778	7.2	
C NOMET	4962	1.161	1.407	0.246	2911	1,571	2.007	0.43	
C OMET	122	3.582	5,852	2.270	55	4,509	9.145	4.6	
Standard deviation	15898	4.999	5.699	3,930	9251	6,851	8.009	5.1	
		<u>AG</u>	ED, BLIND, AN	D DISABLED					
Nomet	2740	3.505	3.631	0.126	2058	4.328	4.722	0.3	
3 OMET	83	4.241	6.205	1.964	33	8.394	10697	2.3	
TPMET	41	14.293	13.512	-0.780	14	17.714	14.000	-3.7	
3 Both	62	12.097	8.661	-3.435	27	19.852	10.148	-9.7	
C NOMET	1400	3.866	4.379	0.513	1057	4,564	5.193	0.6	
C ONET	50	7.900	12.120	4.220	25	13.440	21.520	8.0	
Standard deviation	4376	10.022	10.641	6.356	3214	11.711	12,256	8.1	
			GENERAL ASS	SISTANCE					
I? NOMHT	878	3.528	4.040	0.511	492	5.596	6.681	1.0	
S OMET	26	7.654	12.462	4.808	8	11.625	10.375	-1.2	
TFMET	21	7.571	10.619	3.048	4	8.750	21.500	12.7	
Both Both	41	18.610	18.512	0.098	16	26.688	25.313	-1.3	
C Nomet	432	4.127	4.498	0.370	261	6.253	6.594	0.3	
C OMET	19	6.579	16.000	9.421	6	2.500	5.333	2.8	
Standard deviation	1417	11.658	14.236	8.005	787	17.241	19,396	8.2	
			OTHE						
B NOMHT	981	2.099	2.503	0.404	424	2.724	3.361	0.6	
E OMET	15	3.933	3.667	-0.267	2	21.500	15.000	-6.5	
S TPMET	10	2.300	2,200	-0.100	3	5.333	4.333	-1.0	
Both	6	14.167	7.667	-6.500	2	38.000	15.000	-23.0	
C NOMET,	447	1.830	2.143	0.313	214	2,556	2.869	0.3	
C OMET	8	5.250	1.125	-4.125	2	11.000	8.500	-2.5	
Standard deviation	1467	4,670	5.392	4.433	647	5.959	6.540	5.2	

Table 4.10.G.6

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by high user status and mental health treatment status.

Wantal haalth			efore and aft of first MI					
Mental health treatment status	N	Drugs pre-MHT	Drags post-MHT	Change	N			Change
			HIGH US	SER_				
E Nomet	4682	1,902	2.093	0.190	3661	3,736	4.093	0.357
e onet	757	2.900	4.568	1.580	360	5.697	8.558	2.861
e tenet	249	2.867	2.876	0.008	184	6.614	6.098	-0.51
E Both	448	5.759	5.775	0.016	293	10.959	11.017	0.058
C Nomet	2525	2.043	2.219	0.176	1962	4.017	4.530	0.513
C OMET	450	2.729	4.236	1.507	213	4.854	7.657	2.803
Standard deviation	9111	5.802	6.350	4.637	6673	10.019	10.854	7.44
			NOT HIGH	<u>USER</u>				
e nomet	29512	0.213	0.313	0.040	19337	0.595	0.656	0.060
e omet	800	0.401	0.540	0.139	387	0,755	1.034	0.27
e temet	305	0.475	0.551	0.075	185	1.022	1.076	0.05
B Both	94	0.426	0.585	0.160	49	1.041	1.612	0.57
C NOMET	14297	0.290	0.333	0.043	9274	0.620	0.707	0.08
C OMIT	414	0.493	0.659	0.167	197	0.939	1,147	0,20
Standard deviation	45402	0.881	1,001	1.022	29428	1.606	1.766	1.61

Table 4.10.G.6 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MRT: entire Medicaid population, by high user status and mental health treatment status.

			before and of first M				hs before an of. first ME	
mental mealth treatment status	N	Drugs pre-MHT	Drugs post-NHT	Change	N	Drugs pre-MHT	Drugs post-MHT	Change
			HIGH U	JSER				
E Nomet	2555	5.573	6,381	0.808	1675	7.367	8.755	1.389
E OMET	168	7.946	12.476	4.530	63	13.968	17.873	3.905
E TFMHT	112	9.813	9.446	-0.366	39	9.872	10.282	0.410
B Both	152	15.441	14.711	-0.730	63	21.841	20.143	-1.698
C Nomet	1423	5.714	6.661	0.947	939	7.274	8.469	1.195
C OMET	106	8.226	13.679	5.453	49	11.653	20.469	8.816
Standard deviation	4516	14,046	15.705	9.937	2020	18.419	20.237	12.388
			NOT HIGH	USER				
E Nomet	12399	0,949	1.037	0.088	7410	1,338	1.506	0.169
E OMET	177	0.966	1.508	0.542	61	1.443	1.607	0.164
E TFMHT	121	1.413	1,760	0,347	39	2.282	2.923	0,641
B Both	34	1.471	2.912	1.441	18	2.389	4.444	2.056
C NOMET	5818	0.970	1,123	0.153	3504	1.354	1.631	0.276
C OMET .	93	1.366	1.968	0.602	39	1.282	2.231	0.949
Standard deviation	18642	2.355	2.605	2.236	11071	3.128	3.568	2.875

Table 4.10.G.7

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

			fore and aft of first ME				before and a of first MET	
Mental health treatment status	N	Drags pre-MHT	Drugs post-HHT	Change	N	Drags pre-MHT	Drugs post-MHT	Change
			MENTALLY 1	DISABLED				
R Nomet	0				0			
e onet	140	1,150	2,621	1.471	42	2.310	4,738	2.42
E TFMHT	0				0			
B Both	166	5.994	5,645	-0,349	93	12.742	13.280	0.538
C NOMET	0				0			
C OMET	84	1.060	2.405	1.345	25	2.440	5.160	2,720
Standard deviation	391	7.848	7.668	6.967	160	14.506	16.241	13.54
			NOT MENTALL	Y DISABLED				
B Nomet	34254	0,496	0.556	0.060	22998	1.095	1.203	0.108
e omht	1417	1.709	2.486	0.777	705	3.186	4.655	1.47
e tymet	554	1.551	1.596	0,045	369	3.810	3.580	-0.230
B Both	376	4.322	4.535	0.213	249	a.341	8.321	-0.020
C NOMET	16821	0.553	0,616	0.063	11235	1.213	1.374	0.16
C OMET	780	1.722	2.535	0,813	385	3,008	4.488	1.48
Standard deviation	54202	2.526	2.806	2.038	35941	4.660	5.068	3.41

Table 4.10.G.7 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

Wanta 2 I 14 I.			before and l of first M				hs before and of. first MIT	
Mental health treatment status	¥	Drugs pre-MHT	Drags post-BET	Change	n	Drngs pre-MHT 1	Drugs post-HBT	Change
		-	MENTALLY DIS	SABLED		•		
B Nomet	0				0			
B OMHT	10	7.500	11.700	4.200	2	28.000	20.500	-7,50
e temet	0				0			
E Both	38	20.947	18.816	-2,132	12	40.667	34.000	-6.667
C NOMET	0				0			
C OMHT	13	5.846	8.154	2.308	6	3.167	6.500	3.333
Standard deviation	61	23.327	21.349	20.763	20	30.774	27.578	25.016
			HOT MENTALLY	DISABLED				
E Nomet	14954	1.739	1.950	0,211	9085	2.449	2.043	0.394
e omet	335	4.272	6.704	2.433	122	7.475	9.697	2.221
e tymet	233	5.451	5.455	0,004	78	6.077	6.603	0.526
B Both	148	10.818	10.946	0.128	69	13.493	13.638	0,145
C NOMET	7241	1.902	2.211	0.309	4443	2.605	3.076	0.470
C OMET	186	4.962	8.210	3.247	82	7.341	12.817	5.476
Standard deviation	23097	6.743	7,615	4.727	13879	8.995	10.085	6.100

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

Table 4.10.G.8

Mental health		x aonths befo					pefore and a of. first ME	
treatment status	N	Drags pre-MHT po	Drags ost -MT	Change	N	Drags pre-MHT	Drags post-MHT	Change
			MENTALLY 1	<u>DISABLED</u>				
E NOMIT	0				0			
E OMHT	132	1.152	2.765	1.614	37	2.568	5.243	2.676
E TPHHT	0				0			
B Both	164	5.951	5.616	-0.335	92	12.457	13.076	0.620
C NOMET	0				0			
c OMHT	81	1,025	2.370	1,346	24	2.125	4,792	2.667
Standard deviation	378	7.922	7.755	7,068	153	14,554	16.430	13.828
		<u>N</u>	OT MENTAL	LY DISABLED				
B Nomet	10370	0.948	1.073	0,125	6867	2.085	2.278	0.193
E OMET	834	2.571	3.683	1.113	399	4.920	6.855	1.935
R TFMHT	383	1,770	1.875	0.104	251	4.502	4.255	-0.247
B Both	335	4.552	4.681	0.128	216	8.546	8.509	-0.037
C NOMET	5200	1.018	1.185	0.167	3519	2.165	2.569	0.404
C OMET	467	2.552	3.531	0.979	221	4.425	6.389	1.964
Standard deviation	17589	3,991	4.432	3.173	11473	7.244	7.901	5.293

Table 4.10.G.8 -- Continued

CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			s before and of first MI			0 2 28.000 20,500 -7.5 0 12 40.667 34.000 -6.6 0 6 3.167 6.500 3.3			
Mental health treatment status	N	Drugs pre-MHT	Drugs post-MHT	Change	N			Change	
			MENTALLY DIS	SABLED					
e nomet	0				0				
e onet	9	8,333	13.000	4.667	2	28.000	20,500	-7.500	
e temet	0				0				
B Both	38	20.947	18,816	-2.132	12	40.667	34.000	-6.66	
C NOMET	0				0				
C OMET	12	5.333	7.083	1,750	6	3.167	6.500	3.33	
Standard deviation	59	23.631	21.606	21,083	20	38.774	27.578	25.01	
			NOT MENTALLY	<u>DISABLED</u>					
e nomet	4524	3,220	3.679	0.460	2814	4.499	5.413	0,91	
e omet	200	6.265	9.200	2.935	75	10.813	12.573	1.76	
e traet	163	6,264	6.528	0.264	60	5.267	6.883	1.61	
B Both	125	11.496	11.496	0.000	56	15.018	14.679	-0.33	
C NOMET	2296	3.276	4.019	0,743	1415	4.341	5.359	1.01	
C OMET	107	7.159	11,822	4.664	42	11.286	19.905	8.61	
Standard deviation	7415	10.254	11.854	7.242	4462	14.022	15.797	9.23	

Table 4.10.H.1

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

D 1.		Six nonths before and after the period of first MHT Twelve nonths before and after the period of first MHT						
Population group	n	Share pre-MHT	Share post-MHT	Change	Ŋ	Share pre-MHT	Share post-MHT	Change
Whole population	54593	0,217	0.238	0.021	36101	0.340	0.365	0,025
B group	36907	0.215	0.235	0.020	24456	0.338	0.361	0.023
C group	17686	0.222	0.243	0.021	11645	0.345	0.374	0.029
E NOMHT	34254	0.200	0,219	0.019	22990	0.325	0.346	0.02
E OMHT	1557	0,344	0.412	0.068	747	0.466	0.534	0,068
E TPMET	554	0.422	0.421	-0.002	369	0.569	0.615	0.04
B Both	542	0.528	0.555	0.028	342	0.693	0.705	0.01
C NOMET	16822	0.215	0.234	0.019	11235	0.340	0.368	0.02
C OMIT	864	0,365	0.421	0.057	410	0.463	0.532	0.06
Standard deviation	54593	0.412	0.426	0.481	36101	0.474	0.482	0.539

Table 4.10.H.1 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by randomization group and mental health treatment status.

Donulation		een months be the period of					before and of. first ME		
Population group	N	Share pre-MIT pos	Share t -MET	Change	N	Share pre-MHT	Share pos t-MIT	Change	
Whole population	23158	0.426	0.447	0.021	13899	0.491	0.513	0.022	
E group	15718	0,421	0,441	0.020	9368	0.487	0.503	0.017	
C group	7440	0.435	0.460	0.024	4531	0.501	0.534	0.033	
E NOMET	14954	0.411	0.430	0.018	9085	0.481	0,496	0.015	
E OMHT	345	0.510	0.623	0.113	124	0.589	0.702	0.113	
E TPMET	233	0.661	0.665	0,004	78	0.731	0.769	0.038	
8 Both	186	0.720	0.747	0.027	81	0.716	0.778	0.062	
C NOMET	7241	0.434	0.457	0.023	4443	0.501	0,532	0.031	
C OMET	199	0,508	0.568	0.060	88	0.511	0.625	0.114	
Standard deviation	23158	0.494	0.497	0.554	13899	0.500	0.500	0.559	

Table 4.10.H.2

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

Mandal hoolth			fore and aft of first MI				efore and a of first HE	
Mental health treatment status	N	Share pre-NHT	Share post-MHT	Change	N	Share pre-MHT	Share post-MHT	Change
	NEITHE	R CHRONIC M	RDICAL DIAGNO	SIS NOR SUBSTA	ANCE ABUSE			
E Nomet	23079	0.150	0.170	0.020	14576	0.254	0.276	0.022
E OMHT	779	0.258	0.300	0.042	379	0.346	0.409	0.063
e tenet	220	0.268	0.255	-0.014	136	0.346	0.434	0,088
B Both	157	0.376	0.433	0.057	91	0.549	0.637	0.088
C Nomet	11004	0.162	0.181	0,018	6837	0.262	0.295	0.033
c OMHT	403	0.258	0.308	0.050	199	0.367	0.442	0.075
Standard deviation	35642	0.366	0.384	0.450	22218	0.439	0.453	0.526
		<u>CI</u>	HRONIC MEDICA	L DIAGNOSIS				
E Nomet	10937	0.306	0,320	0.014	8269	0.450	0.470	0.020
E OMHT	639	0.454	0.532	0.078	320	0.619	0.672	0.053
e temet	321	0.539	0.539	0.000	227	0.700	0,727	0.026
B Both	308	0.614	0.640	0.026	209	0.737	0.751	0.014
C NOMET	5687	0.311	0.333	0.022	4306	0.459	0.477	0.018
C OMET	360	0.492	0,547	0,056	169	0,556	0.621	0.065
Standard deviation	18252	0.469	0,475	0.533	13500	0.499	0.500	0.558
			SUBSTANCI	E ABUSE				
E NOMET	238	0.282	0.349	0.067	153	0.418	0.425	0.007
E OMHT	139	0.324	0.489	0.165	48	0.396	0.604	0.208
E TFMHT	13	0.154	0.308	0.154	6	0.667	0.500	-0.167
R Both	77	0.494	0.468	-0.026	42	0.786	0.619	-0.167
C NOMET	131	0.435	0.397	-0.038	92	0.641	0.674	0.033
C OMHT	101	0.337	0.426	0.089	42	0.548	0.595	0.048
Standard deviation	699	0.477	0.492	0.564	383	0.500	0.498	0.574

Table 4.10.H.2 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by diagnosis and mental health treatment status.

M (11 14		the period					s before and of first MET	
Mental health treatment status	N	Share pre-MHT	Share post-MET	Change	N	Share pre-MHT _I	Share post-MNT	Change
	NEITHER C	CHRONIC MEDI	CAL DIAGNO	SIS NOR SUBSTAN	TR ABUSE			
E Nomet	8939	0.331	0,351	0.020	5096	0.393	0.406	0.013
E OMHT	175	0.343	0.480	0.137	56	0.393	0.554	0,16
E TPMHT	83	0.458	0.506	0.048	29	0.621	0.655	0.034
B Both	54	0.611	0.611	0.000	23	0.609	0.609	0.000
C NOMET	4091	0.341	0.370	0.030	2372	0.415	0.451	0.036
c OMHT	99	0.394	0.485	0.091	41	0.415	0.610	0.19
Standard deviation	13441	0,473	0.480	0.554	7617	0.490	0.494	0.56
		<u>CHRON</u>	NIC MEDICAL	DIAGNOSIS				
B Nomet	5911	0.531	0.547	0.016	3931	0,593	0.610	0.01
E OMHT	159	0.698	0.780	0.082	65	0.754	0.831	0.07
e tenet	146	0.774	0.753	-0.021	46	0.804	0.826	0.02
B Both	112	0.759	0.804	0,045	47	0.745	0.809	0.06
C Nomet	3092	0.554	0.565	0.011	2034	0,598	0.623	0.02
c OMET	82	0.646	0.671	0.024	39	0.667	0.667	0.00
Standard deviation	9502	0.498	0.496	0.553	6162	0.490	0.485	0.54
			SUBSTANCE A	BUSE				
B NOMHT	104	0.529	0,500	-0.029	58	0.621	0,638	0.01
E OMET	11	0.455	0.636	0.182	3	0.667	0.667	0.00
E TFMET	4	0.750	0.750	0.000	3	0.667	1,000	0.33
B Both	20	0,800	0.800	0.000	11	0.818	1.000	0.18
C NOMET	58	0.552	0.741	0.190	37	0.649	0.730	0,08
C OMET	18	0.500	0.556	0.056	8	0.250	0.500	0.25
Standard deviation	215	0.498	0.489	0.566	120	0.486	0.460	0.58

Table 4.10.H.3

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first $\mathtt{MHT:}$ entire Medicaid population, by age group at \mathtt{MHT} and mental health treatment status.

Mankal L L.			efore and aft d of first MI				before and a of. first NE	
Mental health treatment status	N	Share pre-MHT	Share post -MHT	Change	N	Share pre-MHT	Share post-NHT	Change
			LESS THAN	18 YEARS				
E NOMET	20242	0,116	0.136	0.020	13203	0.209	0.236	0.02
E OMET	544	0.164	0.221	0.057	288	0.253	0.347	0.09
E TPHET	115	0.200	0.148	-0.052	84	0.310	0.310	0.00
E Both	25	0.160	0.240	0.080	19	0.316	0.474	0.15
C Nomet	9705	0.134	0,142	0.008	6198	0.223	0.248	0.02
C OMET	274	0.157	0,237	0.080	139	0.209	0.317	0.10
Standard deviation	30905	0.329	0.347	0.423	19931	0.410	0.429	0.51
			18 THROUGH 59	9 YEARS				
e nomet	10370	0.319	0.342	0.023	6867	0.489	0.504	0.01
E OMHT	966	0,442	0,525	0.083	436	0.601	0.654	0.05
E TFMIT	383	0.473	0.483	0.010	251	0,637	0.697	0.06
E Both	499	0.547	0.565	0.018	308	0,708	0.714	0.00
C NOMET	5201	0.322	0.362	0.040	3519	0,489	0.531	0.04
C OMET	548	0.471	0.505	0.035	245	0.596	0.645	0.04
Standard deviation	17967	0.474	0.483	0.553	11626	0.500	0.499	0.58
			60 YEARS AN	ND OLDER				
E Nomet	3642	0.330	0.332	0.001	2928	0.468	0.476	0.00
e omet	47	0.426	0.319	-0.106	23	0.565	0.609	0.04
E TFMHT	56	0.536	0.554	0.018	34	0,706	0.765	0.05
B Both	18	0.500	0.722	0.222	15	0.867	0.800	-0.06
C NOMET	1916	0,332	0.350	0.017	1518	0.477	0.480	0.00
C OMET	42	0.333	0.524	0.190	26	0.577	0.615	0.03
Standard deviation	5721	0.472	0,475	0.529	4544	0.499	0.500	0.55

Table 4.10.H.3 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by age group at MHT and mental health treatment status.

Mental health			before and of first MET			y-four nonths the period o		
treatment status	n	Share pre-MET	Share post-m	Change	N	Share pre-MHT po	Share ost -MHT	Change
			LESS THA	N 18 years				
R NOMET	8183	0.273	0.301	0.029	4649	0.330	0.359	0,028
E OMET	123	0.276	0.447	0.171	41	0.293	0.561	0.268
E TPNHT	57	0.456	0.386	-0.070	13	0.538	0.538	0.000
B Both	13	0.538	0,615	0.077	9	0,556	0.667	0.111
C NOMET	3782	0.294	0,320	0.026	2181	0.356	0.399	0.043
C OMET	67	0.224	0.313	0.090	33	0.182	0.394	0.212
Standard deviation	12225	0.449	0.462	0.548	6926	0.473	0.484	0,575
			18 THROUGH S	9 YBARS				
E NOMET	4524	0.593	0.603	0.010	2814	0.663	0.663	0.000
E OMET	209	0.646	0.722	0.077	77	0.740	0,792	0.052
E TPMET	163	0.724	0,755	0.031	60	0.767	0.817	0.050
B Both	163	0.730	0.755	0.025	68	0.735	0.794	0.059
C NOMET	2296	0.595	0.628	0.033	1415	0.659	0.686	0.026
C OMHT	119	0.664	0.697	0.034	48	0,729	0.792	0.063
Standard deviation	7474	0.490	0.485	0.562	4482	0.472	0.467	0.537
			60 YPRS A	ND OLDER				
B NOMET	2247	0.552	0.548	-0.004	1622	0.598	0.600	0.002
E OMET	13	0.538	0.692	0.154	6	0.667	0.500	-0.167
E TFNHT	13	0.769	0.769	0.000	5	0.800	0.800	0.000
B Both	10	0.800	0.800	0.000	4	0.750	0.750	0.000
C Nomet	1163	0.568	0.562	-0.006	847	0.609	0,619	0.009
C OMET	13	0.538	0.692	0.154	7	0.571	0.571	0.000
Standard deviation	3459	0.497	0.497	0.554	2491	0.489	0.489	0.548

Table 4.10.H.4

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by gender and mental health treatment status.

Wanta 1 1 1/1		re and aft of first III		Twelve months before and after the period of. first MHT					
Mental health treatment status	N	Share pre-MHT po	Share ost -HHT	Change	N	Share pre-BET	Share post-MIT	Change	
			FEMA	<u>le</u>					
R Nomet	20367	0.224	0.243	0,019	13926	0.358	0.380	0.022	
E OMHT	941	0.374	0.452	0.078	457	0.521	0.595	0.074	
e temet	410	0.434	0.427	-0.007	278	0.597	0.644	0.04	
E Both	356	0.553	0.607	0.053	241	0.734	0.751	0,01	
C NOMHT	10164	0.233	0.259	0.026	6916	0.370	0,400	0.030	
C OMET	553	0.412	0,452	0.040	276	0.493	0.580	0.08	
Standard deviation	32791	0.427	0.441	0.498	22094	0.484	0.490	0.54	
			MAL	<u>e</u>					
E NOMHT	13887	0.166	0.183	0.017	9072	0.275	0.295	0.02	
E OMHT	616	0,299	0.352	0.054	290	0.379	0.438	0.05	
e temet	144	0.389	0.403	0.014	91	0.484	0,527	0.04	
B Both	186	0.478	0.457	-0.022	101	0.594	0.594	0.00	
C NOMET	6658	0.187	0.195	0.008	4319	0.293	0,317	0.02	
c omet	311	0.280	0.367	0.087	134	0.403	0.433	0,03	
Standard deviation	21802	0.386	0.399	0.454	14007	0.453	0.462	0.52	

Table 4.10.H.4 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by gender and mental health treatment status.

W . 11 14			s before and d of first MI				ths before and of. first MI	
Mental health treatment status	N	Share pre-NHT	Share post -MHT	Change	N	Share pre-MHT	Share post -MRT	Change
			FEMA	<u>le</u>				
E Nomet	9183	0,449	0.470	0.021	5685	0.521	0.538	0.017
E OMHT	220	0.577	0.691	0.114	81	0.679	0.790	0.111
B TYMHT	177	0.678	0.684	0.006	57	0.719	0.789	0.070
B Both	134	0.754	0.769	0.015	55	0.727	0.782	0.055
C NOMET	4483	0.470	0.493	0.023	2819	0.541	0.572	0.032
c OMET	139	0.561	0.626	0.065	63	0,540	0.635	0.095
Standard deviation	14336	0.499	0,500	0,556	8760	0.499	0.497	0.552
			MAL	<u> </u>				
B Nomet	5771	0.351	0.365	0.014	3400	0.415	0.426	0.011
E OMHT	125	0.392	0.504	0.112	43	0.419	0.535	0.116
e tenet	56	0.607	0.607	0.000	21	0.762	0.714	-0.048
B Both	52	0.635	0.692	0.058	26	0.692	0.769	0.077
C NOMET	2758	0.374	0.397	0.023	1624	0.432	0.462	0.031
C OMET	60	0.383	0.433	0.050	25	0.440	0.600	0.160
Standard deviation	8822	0.481	0.486	0.550	5139	0.494	0.497	0.569

Table 4.10.H.5

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before **and** after the six-month period of first MRT: entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health			fore and aft of first ME			elve norths be the period		
treatment status	N	Share pre-MHT	Share post-MHT	Change	N	Share pre-MHT po	Share ost-BNT	Change
		AID TO	AMILIES WITH DEP	ENDENT CHILD	<u>REN</u>			
B Nomet	24460	0,164	0.186	0.022	16316	0.279	0.304	0.026
E OMHT	922	0.333	0.389	0.056	500	0.434	0.492	0.058
E TFMET	349	0.352	0.341	-0.011	242	0.496	0.550	0.054
B Both	170	0.476	0,559	0.082	123	0,667	0.699	0.033
C NOMET	11983	0.180	0.202	0.022	7919	0.288	0.327	0.038
c OMAT	486	0.360	0.393	0.033	250	0.436	0.500	0.064
Standard deviation	38370	0.383	0401	0.468	25350	0.454	0.467	0.538
		AG	ED, BLIND, A	AND DISABLED				
E Nomet	4197	0.336	0.338	0.002	3490	0.466	0.464	-0.003
e omet	263	0.388	0.418	0.030	136	0.478	0.537	0.059
B TPMET	97	0.567	0.588	0.021	69	0,696	0.754	0.058
B Both	160	0.506	0.556	0.050	104	0.644	0.712	0.067
C NOMET	2188	0.343	0.354	0.011	1789	0.487	0.497	0.010
C OMET	165	0.442	0.461	0.018	98	0.541	0.592	0.051
Standard deviation	7070	0.477	0.479	0.516	5686	0.500	0.500	0.535
			GENERAL ASSI	STANCE				
E Nomet	2134	0.320	0.329	0.009	1391	0.475	0.480	0.004
E OMET	226	0.416	0.558	0.142	70	0.686	0.771	0.086
B TPMHT	73	0.548	0.548	0.000	42	0.762	0.762	0.000
E Both	196	0.602	0.551	-0.051	105	0.762	0.695	-0.067
C Nomet	1026	0.345	0.347	0.002	664	0.524	0.518	-0.006
C OMAT	129	0.380	0.496	0.116	41	0.512	0.634	0.122
Standard deviation	3784	0.478	0.483	0.529	2313	0.500	0.500	0.536
			OTH	<u>er</u>				
E Nomet	3463	0.217	0.240	0.023	1801	0.360	0.396	0.036
E OMHT	146	0.226	0.322	0.096	41	0.439	0.634	0.195
E TFNHT	35	0.457	0.486	0.029	16	0.625	0.625	0.000
R Both	16	0.375	0.563	0.188	10	0.800	0.800	0.000
C NOMET .	1625	0.215	0.231	0.016	863	0.373	0.365	-0.008
C OMET	84	0.214	0.393	0.179	21	0,333	0.429	0.0
Standard deviation	5369	0.413	0.430	0.488	2752	0.482	0.488	0.547

Table 4.10.H.5 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first **MHT:** entire Medicaid population, by Medicaid eligibility group and mental health treatment status.

Mental health			before and of first ME	Twenty-four nonths before and after the period of, first HET					
treatment status	N	Share pre-MHT	Share post-MHT	Change	N	Share pre-NHT	Share post-MHT	Change	
		AID TO FAMIL	IES WITH DE	PENDENT CHILI	<u>OREN</u>				
E NOMHT	10355	0,359	0.383	0.025	6111	0,426	0.449	0.023	
e omet	221	0.489	0.579	0.090	81	0.543	0.691	0.148	
R TPMHT	161	0.615	0.621	0,006	57	0.649	0.737	0.088	
B Both	77	0.727	0.740	0.013	36	0.750	0.806	0.056	
C NOMET	4962	0.377	0.409	0,031	2911	0.441	0.488	0.04	
C ONHT	122	0.459	0.541	0.082	55	0.418	0.545	0,12	
Standard deviation	15898	0.483	0.490	0.561	9251	0.496	0.499	0,56	
		<u>AC</u>	GED, BLIND, A	ND DISABLED					
e nomet	2740	0.545	0.538	-0.006	2058	0.588	0.583	-0.00	
e omet	83	0.458	0.627	0.169	33	0.606	0.667	0,06	
B TPMET	41	0.732	0.732	0.000	14	0.929	0.857	-0.07	
B Both	62	0.661	0.710	0.048	27	0.630	0.630	0.00	
C NOMET	1400	0.559	0.565	0.006	1057	0.587	0.607	0.02	
C OMHT	50	0.580	0.640	0,060	25	0.680	0.800	0.12	
Standard deviation	4376	0.497	0.497	0.536	3214	0.492	0.491	0.53	
			GENERAL A	SSISTANCE					
E NOMET	878	0.563	0,559	-0.003	492	0.683	0.669	-0.01	
E OMHT	26	0.885	0.923	0.038	8	0.875	0.875	0.00	
E TFNHT	21	0.905	0.905	0.000	4	1.000	1.000	0.00	
B Both	41	0.805	0.829	0.024	16	0.813	1.000	0.18	
C NOMET	432	0.625	0.634	0.009	261	0.693	0.693	0.00	
C OMET	19	0.632	0.632	0.000	6	0.667	0.667	0.00	
Standard deviation	1417	0.490	0.490	0.519	787	0.462	0.464	0.52	
			OTH	<u>er</u>					
E Nomht	981	0,459	0,495	0.037	424	0.514	0.547	0.03	
e omat	15	0.467	0,733	0.267	2	1.000	1.000	0.00	
e temet	10	0.600	0.600	0.000	3	1.000	0.667	-0.33	
Both	6	0.667	0.667	0.000	2	0.500	0.500	0.00	
C NOMET .	447	0.481	0.479	-0,002	214	0.579	0.565	-0.01	
C OMET	8	0.500	0.375	-0.125	2	0.500	0.500	0.00	
Standard deviation	1467	0.499	0.500	0.566	647	0.499	0.497	0,57	

Table 4.10.H.6

 $\begin{array}{l} \textbf{SHARE} \ \, \text{OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before } \ \, \textbf{and} \\ \text{after the six-month period of first } \ \, \textbf{MHT:} \ \, \textbf{entire} \ \, \textbf{Medicaid population, by high user} \\ \text{status and mental health treatment status.} \end{array}$

Marstal baseleb			efore and aft d of first MI		Twelve months before and after the period of first MET					
Mental health treatment status	N	Share pre-MHT	Share post -MHT	Change	N	Share pre-MHT	Share post-MIT	Change		
			<u>HIGH</u>	USER						
E Nomet	4682	0.484	0.492	0.008	3661	0.624	0.651	0.027		
e omet	757	0.486	0.621	0.135	360	0.653	0.786	0.133		
r temet	249	0,614	0.606	-0.008	184	0.766	0.783	0.016		
E Both	448	0.603	0.618	0,016	293	0.754	0.747	-0.007		
C NOMET	2525	0,480	0.497	0,016	1962	0.642	0.667	0.025		
C OMET	450	0.487	0.584	0,098	213	0.620	0.700	0.080		
Standard deviation	9111	0.500	0.500	0.567	6673	0.480	0.469	0.547		
			NOT HIG	GH USER						
B Nomet	29572	0.156	0.176	0.020	19337	0.269	0.289	0.020		
E OMET	800	0.210	0.215	0.005	387	0.292	0.300	0.008		
e temet	305	0,266	0.269	0,003	185	0,373	0,449	0.076		
E Both	94	0,170	0.255	0.085	49	0.327	0.449	0.122		
C NOMET	14297	0.168	0,187	0.019	9273	0,277	0.305	0.028		
C OMHT	414	0.232	0,244	0.012	197	0.294	0.350	0.056		
Standard deviation	45482	0.368	0.385	0.462	29428	0.445	0.456	0.537		

Table 4.10.H.6 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before **and** after the six-month period of first MHT: entire Medicaid population, by high user status **and** mental health treatment status.

Mental health			before and of first MI		Twenty-four norths before and after the period of, first MT					
treatment status	N	Share pre-MHT	Share post-HHT	Change	N	Share pre-MHT	Share post-MHT	Change		
			NIGH	USER						
E NOMET	2555	0.706	0.726	0.020	1675	0.768	0.770	0.002		
E OMHT	168	0.708	0.833	0.125	63	0.730	0.937	0,206		
e temet	112	0.839	0.813	-0.027	39	0.846	0.897	0.051		
B Both	152	0,803	0.809	0.007	63	0.794	0.905	0.111		
C NOMET	1423	0.717	0.734	0.016	939	0,764	0.775	0,012		
C OMET	106	0.689	0,717	0,028	49	0.673	0.735	0,061		
Standard deviation	4516	0.451	0.440	0.514	2828	0.424	0.415	0.483		
			NOT HIGH	H VSER						
E NOMET	12399	0.351	0,368	0.018	7410	0.416	0.434	0.018		
E OMET	177	0.322	0.424	0.102	61	0.443	0,459	0.016		
E TFMET	121	0.496	0.529	0.033	39	0.615	0.641	0.026		
R Both	34	0.353	0.471	0.118	18	0.444	0,333	-0,111		
C NOMET	5818	0,364	0.389	0.025	3504	0.430	0.467	0.037		
C OMET	93	0.301	0.398	0,097	39	0.308	0,487	0.179		
Standard deviation	18642	0.479	0.485	0.563	11071	0.494	0.497	0.576		

Table 4.10.H.7

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: entire Medicaid population, by mental disability status and mental health treatment status.

W . 11 . 11			fore and aft of first MIT		Twelve norths before and after the period of, first MIT					
Mental health treatment status	N	Share pre-MHT	Share post-MHT	Change	N	Share pre-MET	Share post-MHT	Change		
			MENTALLY DIS	SABLED						
R Nomet	0		_		0					
R OMHT	140	0.336	0.479	0.143	42	0.452	0.738	0.286		
e tymet	0				0					
B Both	166	0.554	0.614	0.060	93	0.785	0.785	0.000		
C NOMET	0				0					
c OMHT	a4	0.321	0.512	0.190	25	0.440	0,720	0.280		
Standard deviation	391	0.495	0.499	0.551	160	0.480	0.427	0.587		
			NOT MENTALLY	DISABLED						
E NOMHT	34254	0.200	0.219	0.019	22998	0.325	0.346	0.021		
E OMHT	1417	0.345	0.406	0.061	705	0.467	0.522	0.055		
e tymet	554	0.422	0.421	-0.002	369	0.569	0.615	0.046		
B Both	376	0.516	0.529	0.013	249	0.659	0.675	0.016		
C NOMET	16821	0.215	0.234	0.019	11235	0.340	0.368	0.028		
C ONET	780	0.369	0.412	0.042	385	0,465	0.519	0.055		
Standard deviation	54202	0.411	0.424	0.480	35941	0.473	0.481	0.538		

Table 4.10.H.7 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first \mathtt{MHT} : entire Medicaid population, by mental disability status \mathtt{and} mental health treatment status.

Markel bankl			before and of first MHT		Twenty-four nonths before and after the period of. first MAT					
Mental health treatment status	N	Share pre-MRT	Share post-MET	Change	N	Share pre-MHT	Share post-MHT	Change		
			MENTALLY	DISABLED						
R NOMET	0				0					
E OMHT	10	0.800	0,800	0.000	2	1,000	1.000	0.000		
E TPMHT	0		,		0	,				
E Both	38	0.842	0.816	-0.026	12	0.833	1.000	0.167		
C NOMET	0				0					
C OMET	13	0.615	0.769	0.154	6	0,833	0.833	0.000		
Standard deviation `	61	0.413	0.401	0.465	20	0.366	0.224	0.447		
			NOT MENTALLY	<u>DISABLED</u>						
R NOMET	14954	0.411	0.430	0.018	9085	0.481	0.496	0.015		
E OMET	335	0.501	0,618	0.116	122	0.582	0,697	0.115		
E TFMET	233	0.661	0.665	0.004	78	0.731	0.769	0.038		
■ Both	148	0.689	0.730	0.041	69	0.696	0.739	0.043		
C NOMET	7241	0.434	0.457	0.023	4443	0.501	0.532	0.031		
C OMET	186	0.500	0.554	0.054	82	0,488	0.610	0.122		
Standard deviation	23097	0.494	0.497	0.554	13879	0.500	0.500	0.559		

Table 4.10.H.8

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

			efore and aft		Twelve months before and after the period of first MMT					
Mental health treatment status	N	Share pre-MHT	Share post -kit	Change	N	Share pre-MHT	Share post-MHT	Change		
			MENTALLY I	DISABLED						
e nomet	0				0					
e omet	132	0.341	0.492	0.152	37	0.486	0,784	0.297		
e temet	0				0					
B Both	164	0,555	0.610	0.055	92	0.783	0.783	0.000		
C NOMET	0				0					
C OMET	81	0.321	0.506	0.185	24	0.417	0.708	0.292		
Standard deviation	378	0.496	0.499	0.552	153	0.477	0.421	0.595		
			NOT MENTALL	Y DISABLED						
B Nomet	10370	0.319	0.342	0.023	6867	0.489	0,504	0.015		
E OMET	834	0.458	0.530	0.072	399	0.612	0,642	0.030		
e temet	383	8,473	0.483	0,010	251	0.637	0,697	0.060		
B Both	335	0.543	0,543	0.000	216	0.676	0.685	0.009		
C NOMET	5200	0.323	0.362	0.040	3519	0,489	0.531	0.042		
c OMET	467	0,497	0,505	0.009	221	0.615	0.638	0.023		
Standard deviation	17589	0.473	0.482	0.553	11473	0.500	0.499	0.579		

Table 4.10.H.8 -- Continued

SHARE OF POPULATION USING CONTROLLED DRUG PRESCRIPTIONS in the periods before and after the six-month period of first MHT: Medicaid population aged 18 through 59 years at MHT, by mental disability status and mental health treatment status.

Martal haslih			before and of first MI				of, first MI	
Mental health treatment status	N	Share pre-MHT	Share post -MIT	Change	N	Share pre-MHT	Share post-MIT	Change
			MENTALLY	DISABLED				
E Nomet	0				0			
e omat	9	0.889	0.889	0.000	2	1.000	1.000	0.000
e tyant	0				0			
B Both	38	0.842	0.816	-0.026	12	0.833	1.000	0.167
C Nomet	0				0			
C OMHT	12	0.583	0.750	0.167	6	0.833	0.833	0.000
Standard deviation	59	0.406	0.393	0,473	20	0.366	0.224	0.447
			NOT MENTALL	Y DISABLED				
B Nomet	4524	0,593	0.603	0.010	2814	0.663	0.663	0.000
E OMET	200	0.635	0.715	0.080	75	0.733	0.787	0.053
e tenet	163	0,724	0.755	0.031	60	0.767	0.817	0,050
B Both	125	0.696	0,736	0.040	56	0.714	0.750	0.036
C NOMET	2296	0.595	0.628	0.033	1415	0.659	0.686	0.026
C OMET	107	0.673	0.692	0,019	. 42	0.714	0.786	0.071
Standard deviation	7415	0.490	0.485	0.563	4462	0.472	0.468	0.537